

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097894

FILED
May 01, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA INVESTMENT FIRM LLC

Current Principal Place of Business:

534 TIMBERWOLF TRAIL
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

534 TIMBERWOLF TRAIL
APOPKA, FL 32712

New Mailing Address:

P.O. BOX 916302
LONGWOOD, FL 32791

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CICCARELLO II, SALVATORE
534 TIMBERWOLF TRAIL
APOPKA, FL 32712 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: CICCARELLO II, SALVATORE
Address: 534 TIMBERWOLF TRAIL
City-St-Zip: APOPKA, FL 32712 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SALVATORE CICCARELLO

MGMR

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date