

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123740

Entity Name: CDK VENTURES, LLC

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

613 S MAGNOLIA AVENUE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

613 S MAGNOLIA AVENUE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 26-1860578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLAYPOOL, JAMES E  
613 S MAGNOLIA AVENUE  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

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:**

Title: MGR  
Name: CLAYPOOL, JAMES E  
Address: 613 S MAGNOLIA AVENUE  
City-St-Zip: SANFORD, FL 32771

Title: MGRM  
Name: DIX, TIMOTHY J  
Address: 613 S MAGNOLIA AVENUE  
City-St-Zip: SANFORD, FL 32771

Title: MGRM  
Name: KNIPFER, MICHAEL F  
Address: 910 S PALMETTO AVENUE  
City-St-Zip: SANFORD, FL 32771

I hereby 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: JAMES E. CLAYPOOL

MGR

03/05/2010

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