

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011104

**FILED**  
**Feb 27, 2010**  
**Secretary of State**

**Entity Name:** CLN GROUP, LLC

**Current Principal Place of Business:**

15845 WEST PRESTWICK PLACE  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

1074 SAN PEDRO AVE  
CORAL GABLES, FL 33156 US

**Current Mailing Address:**

P.O. BOX 4511  
MIAMI LAKES, FL 330144511

**New Mailing Address:**

P.O. BOX 4511  
MIAMI LAKES, FL 33014 US

**FEI Number:** 26-3378147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAVARRO, CYNTHIA  
15845 WEST PRESTWICK PLACE  
MIAMI LAKES, FL 33014 US

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

NAVARRO, CYNTHIA  
1074 SAN PEDRO AVE  
CORAL GABLES, FL 33156 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: CYNTHIA NAVARRO

02/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: NAVARRO, CYNTHIA  
Address: P.O. BOX 4511  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR  
Name: NAVARRO, LOUIS I  
Address: P.O. BOX 4511  
City-St-Zip: MIAMI LAKES, FL 330144511

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: CYNTHIA NAVARRO

P

02/27/2010

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