

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000005822

Entity Name: CFW LLC

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4170 PACKARD AVENUE  
SAINT CLOUD, FL 34772

**New Principal Place of Business:**

4201 STORY ROAD  
SAINT CLOUD, FL 34772

**Current Mailing Address:**

4170 PACKARD AVENUE  
SAINT CLOUD, FL 34772

**New Mailing Address:**

4201 STORY ROAD  
SAINT CLOUD, FL 34772

FEI Number: 27-2561037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, CARYN F  
4170 PACKARD AVENUE  
SAINT CLOUD, FL 34772 US

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

WILLIAMS, CARYN F  
4201 STORY ROAD  
SAINT CLOUD, FL 34772 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:

03/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILLIAMS, CARYN F  
Address: 4201 STORY ROAD  
City-St-Zip: SAINT CLOUD, FL 34772

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: CARYN WILLIAMS

MGRM

03/26/2012

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