

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90042 043 ****50.00

DOCUMENT # L98000002362

1. Entity Name
CFS INVESTMENTS, LLC



Principal Place of Business
13040 GARDY BLVD.
ST. PETERSBURG, FL 33702

Mailing Address
13040 GARDY BLVD.
ST. PETERSBURG, FL 33702

2. Principal Place of Business
9600 Koger Blvd.
Suite, Apt. #, etc.
Suite #105

3. Mailing Address
9600 Koger Blvd.
Suite, Apt. #, etc.
Suite #105



04222005 Chg-LLC CR2E083 (10/03)

City & State
St. Petersburg, FL
Zip
33702
Country
US

City & State
St. Petersburg, FL
Zip
33702
Country
US

4. FEI Number
59-3544220

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLEETING, ROBERT
13040 GARDY BLVD.
ST. PETERSBURG, FL 33702

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9600 Koger Blvd. Suite #105

City

St. Petersburg,

FL

Zip Code
33702

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to:
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
FLEETING, ROBERT
7140 PEBBLE BEACH LANE
SEMINOLE, FL 33777

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
SCHERER, CLARK H III
2152 14TH CIRCLE NORTH
ST. PETERSBURG, FL 33734

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
CHADWICK, HARRY R
5830 BAHIA WAY SOUTH
ST. PETERSBURG, FL 33706

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #