

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90040 022 ***138.75

DOCUMENT # M03000001946

1. Entity Name
PFH MANAGEMENT, LLC



Principal Place of Business

74 CAMBRIDGE ST
MERIDEN, CT 06450

Mailing Address

74 CAMBRIDGE ST
MERIDEN, CT 06450

2. Principal Place of Business - No P.O. Box #

200 Pratt St.

Suite, Apt. #, etc.

3. Mailing Address

7604 Technology Wy

Suite, Apt. #, etc.

Ste. 300

City & State

Meriden, CT

City & State

Denver, CO

Zip

06450

Country

Zip

80231

Country

04172008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-0053579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
CEI INVESTMENT CORP.
200 PRATT STREET
MERIDEN, CT 06450 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Salvatore Carabetta

1) 720-554-8198
4-30-08 2) 203-639-5198

Daytime Phone #