

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001073

1. Entity Name

CFL, L.L.C.

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90084 003 \*\*\*\*50.00

Principal Place of Business

725 NORTH DERBY LANE  
NORTH SIOUX CITY SD 57049

Mailing Address

725 NORTH DERBY LANE  
NORTH SIOUX CITY SD 57049

956922

2. Principal Place of Business

3. Mailing Address

P.O. Box 1550

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

North Sioux City, SD

Zip

Country

Zip

Country

57049

4. FEI Number

46-0448210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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.

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM	JONES, TIMOTHY	725 NORTH DERBY LANE NORTH SIOUX CITY SD 57049	<input type="checkbox"/>
	MGRM	MARSH, ALLEN J	9915 S 148TH ST OMAHA NE 68145	<input type="checkbox"/>
	MGRM	SAPP, WILLIAM D	9915 S 148TH ST OMAHA NE 68145	<input type="checkbox"/>
	MGRM	JONES, KATHLEEN S	725 NORTH DERBY LANE NORTH SIOUX CITY SD 57049	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 608, Florida Statutes.

SIGNATURE: Kathleen S. Jones

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

1-18-02

605-232-0262

Date

Daytime Phone #

CR2E083 (9/01)