

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001073

1. Entity Name
CFL, L.L.C.



Principal Place of Business
725 NORTH DERBY LANE
NORTH SIOUX CITY, SD 57049

Mailing Address
P.O. BOX 1550
NORTH SIOUX CITY, SD 57049



02232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JONES, TIMOTHY
725 NORTH DERBY LANE
NORTH SIOUX CITY, SD 57049

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MARSH, ALLEN J
9915 S 148TH ST
OMAHA, NE 68145

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SAPP, WILLIAM D
9915 S 148TH ST
OMAHA, NE 68145

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JONES, KATHLEEN S
725 NORTH DERBY LANE
NORTH SIOUX CITY, SD 57049

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1-700-0400-
14-10204-0002-003 01,10

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IN THIS SPACE**

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 2-27-04 605-232-0262

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

Date

Daytime Phone #