

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M990000001073

Entity Name: CFL, L.L.C.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

725 NORTH DERBY LANE  
NORTH SIOUX CITY, SD 57049

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 46-0448210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JONES, TIMOTHY  
Address: 725 NORTH DERBY LANE  
City-St-Zip: NORTH SIOUX CITY, SD 57049

Title: MGRM  
Name: MARSH, ALLEN J  
Address: 9915 S 148TH ST  
City-St-Zip: OMAHA, NE 68145

Title: MGRM  
Name: SAPP, WILLIAM D  
Address: 9915 S 148TH ST  
City-St-Zip: OMAHA, NE 68145

Title: MGRM  
Name: JONES, KATHLEEN S  
Address: 725 NORTH DERBY LANE  
City-St-Zip: NORTH SIOUX CITY, SD 57049

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: KATHLEEN S. JONES

SEC.

04/26/2011

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