

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000082281

**Entity Name:** CFT, III L.L.C.

**Current Principal Place of Business:**

7175 U.S. HIGHWAY 17  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

7165 U.S. HIGHWAY 17  
FLEMING ISLAND, FL 32003

**FEI Number:** 26-3281678

**Certificate of Status Desired:** No

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

CONE, FRED MIII  
7165 U.S. HIGHWAY 17  
FLEMING ISLAND, FL 32003 US

*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

**Authorized Person(s) Detail :**

Title DR.  
Name CONE, SHERI  
Address 7165 HWY 17  
City-State-Zip: FLEMING ISLAND FL 32003

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHERI CONE

**MANAGER**

**01/12/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date