#### 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000137388

Entity Name: CFO, LLC

## Current Principal Place of Business:

1000 LEGION PLACE SUITE 1700 ORLANDO, FL 32801

#### **Current Mailing Address:**

PO BOX 612 DELAND, FL 32721 US

### FEI Number: 46-1288340

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

LOWMAN, WILLIAM R. JR., ESQ. 1000 LEGION PLACE SUITE 1700 ORLANDO, FL 32801 US

Certificate of Status Desired: No

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                     | E: WILLIAM R. LOWMAN, JR.   |                 |                         | 04/29/2022 |
|-------------------------------|---|-----------------|-------------------------|------------|
|                               | Electronic Signature of Registered Agent                          |                 |                         | Date       |
| Authorized Person(s) Detail : |   |                 |                         |            |
| Title                         | MANAGER   | Title           | MANAGER                 |            |
| Name                          | OARE, ROBERT LENN III   | Name            | NEALE, ELIZABETH OARE   |            |
| Address                       | 13621 NW 112TH AVENUE   | Address         | 31880 TORTUGA SHORE LOO | P          |
| City-State-Zip:               | ALACHUA FL 32615  | City-State-Zip: | WESLEY CHAPEL FL 33545  |            |
| Title                         | MANAGER   |                 |                         |            |
| Name                          | BROCKENBROUGH, AUSTIN IV  |                 |                         |            |
| Address                       | LOWE, BROCKENBROUGH &<br>COMPANY<br>1802 BAYBERRY COURT SUITE 400 |                 |                         |            |
| City-State-Zip:               | RICHMOND VA 23226   |                 |                         |            |

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: ROBERT LENN OARE, III

MANAGER

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Apr 29, 2022 Secretary of State 8223392377CC