

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000153562

**Entity Name:** CG UNLIMITED LLC

**Current Principal Place of Business:**

1922 NORTHWEST 193 AVENUE  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

1922 NORTHWEST 193 AVENUE  
PEMBROKE PINES, FL 33029 UN

**FEI Number:** 47-2111371

**Certificate of Status Desired:** No

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

ALFONSO, CARIDAD G  
1922 NORTHWEST 193 AVENUE  
PEMBROKE PINES, FL 33029 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 AMBR  
Name GUZMAN, CARIDAD  
Address 1922 NORTHWEST 193 AVENUE  
City-State-Zip: PEMBROKE PINES 33029

*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:** CARIDAD GUZMAN

AMBR

03/31/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date