2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2025
Secretary of State
5424110489CC

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Entity Name: CFCF, LLC

Current Principal Place of Business:

3631 WEST BURLEIGH BLVD.
TAVARES, FL 32778

Current Mailing Address:

PO BOX 491500
LEESBURG, FL 34749 US

FEI Number: 01-0640237

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WAGNER, DAVID
109 N 7TH ST
LEESBURG, FL 34748 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: DAVID WAGNER 03/20/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	SALVADOR-BACKER, YESENIA
Address	109 N 7TH ST
City-State-Zip:	LEESBURG FL 34748

Title	MGR
Name	PATHWAYS HEALTHCARE GROUP, LLC
Address	700 WEST MAIN ST
City-State-Zip:	LEESBURG FL 34748

Title	AMBR
Name	WEAVER, WILLIAM
Address	3631 WEST BURLEIGH BLVD.
City-State-Zip:	TAVARES FL 32778

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: YESENIA SALVADOR-BACKER MGR 03/20/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date