

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L22000438951

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

05/21/2024

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: WILLIAM WEAVER

AMBR

05/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date