

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079191

Entity Name: 9726 CCC, L.L.C.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

C/O GARY F. WALLACE
13450 CORAL DRIVE SW
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

C/O GARY F WALLACE
13450 CORAL DRIVE SW
FORT MYERS, FL 33908

New Mailing Address:

C/O GARY F. WALLACE
13450 CORAL DRIVE SW
FORT MYERS, FL 33908

FEI Number: 20-3289314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, GARY F
13450 CORAL DRIVE SW
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGMB () Delete
Name: WALLACE, GARY F
Address: 13450 CORAL DRIVE SW
City-St-Zip: FORT MYERS, FL 33908

Title: MGMB () Delete
Name: MUFALLI, JAMES T
Address: 18443 DEEP PASSAGE LANE
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: GARY F WALLACE

MGMB

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date