


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90120 049 \*\*\*\*50.00

<b>DOCUMENT # L06000076135</b> 1. Entity Name <b>C &amp; S CONTRACTING LLC</b>		
Principal Place of Business <b>1144 S. CYPRESS POINT DRIVE VENICE, FL 34293</b>		Mailing Address <b>1144 S. CYPRESS POINT DRIVE VENICE, FL 34293</b>
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
Country		Country



01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-5335324</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  SULLIVAN, DENNIS J 2809 HERMITAGE BLVD VENICE, FL 34292	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City
State: <b>FL</b> Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME	<b>MGRM SULLIVAN, DENNIS J</b> <input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>2809 HERMITAGE BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VENICE, FL 34292</b>		CITY-ST-ZIP		
TITLE NAME	<b>MGRM COSEO, ROBERT J</b> <input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1144 S. CYPRESS POINT DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VENICE, FL 34293</b>		CITY-ST-ZIP		
TITLE NAME	<b>MGRM SULLIVAN, WILLIAM E</b> <input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>2809 HERMITAGE BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VENICE, FL 34292</b>		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  3/30/07 941-735-8608