193

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/13/2007-90032-010-$50.00-$50.00

DOCUMENT # L06000094693

1. Entity Name
CC4J, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'08 MAR 27 AM 10:37

Principal Place of Business	Mailing Address
2949 S.R. 70 WEST OKEECHOBEE, FL 34972	2949 S.R. 70 WEST OKEECHOBEE, FL 34972

07092007 . Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6265 SE 86th Blvd	6265 SE 86th Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee FL	City & State: Okeechobee, FL
Zip: 34974 Country: Okee.	Zip: 34974 Country: Okee.

4. FEI Number: 51-0603970 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARVEY, JIM W 2949 S.R. 70 WEST OKEECHOBEE, FL 34972	Name: Harvey, Clois Street Address (P.O. Box Number is Not Acceptable): 6265 SE 86th Blvd. City: Okeechobee FL Zip Code: 34974

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: LeTora Harvey
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HARVEY, JIM W 2949 S.R. 70 WEST OKEECHOBEE, FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800121[illegible] 03/25/08--01024--023	☐ Change ☐ Addition **138.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Harvey, Clois 6265 SE 86th Blvd. Okeechobee, FL 34974	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT W/DP 07-08	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

MGLM 9/5/07

MGLM 9/5/07

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: Jim W Harvey 7/9/07 863-763-2523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT 2 of 3

McAlpin Cavalcanti & Lewis

C P A

#L06000094693

February 6, 2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: CC4J, LLC
Reference #L06000094693

Dear Sirs:

Please find enclosed the 2007 Limited Liability Company Annual Report for CC4J, LLC, letter dated August 24, 2007 and transmission verification report dated September 5, 2007. Also enclosed is a copy of check #2231 amount of $50.00 paid to the Florida Department of State, with the information provided please reinstate CC4J, LLC.

Additionally, enclosed is check #2376 in the amount of $138.75 for the 2008 Annual Report for CC4J, LLC

Sincerely,

Sherry Hancock

Sherry Hancock
McAlpin Cavalcanti & Lewis, CPA's

encl: As stated

cc: CC4J, LLC

Sent corrected report via fax on 9/5/07.
-Sh

402 N.W. 4th St. ☐ P.O. Box 578 ☐ Okeechobee, Florida 34973-0578 ☐ (863) 763-0500 ☐ Fax (863) 467-3050
P.O. Box 3688 ☐ Fort Pierce, Florida 34948-3688 ☐ (772) 595-0500 ☐ Fax (772) 595-0502

ATTACHMENT 3 of 3

TRANSMISSION VERIFICATION REPORT

#L0600069693

TIME : 09/05/2007 08:58
NAME : MCL CPA
FAX : 8634673050
TEL : 8637630500
SER.# : BROJ4J112515

DATE,TIME	09/05 08:56
FAX NO./NAME	18502456030
DURATION	00:01:00
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RESULT	OK
MODE	STANDARD ECM