

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

01-23-2006 90132 015 ****50.00

DOCUMENT # L04000084012

1. Entity Name
CL&N PROPERTIES, LLC



Principal Place of Business
**12190 ANCHOR LANE SW
MOORE HAVEN, FL 33471**

Mailing Address
**12190 ANCHOR LANE SW
MOORE HAVEN, FL 33471**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192006 Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE 86-1156517

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

**LORENZEN, NANCY
12190 ANCHOR LANE SW
MOORE HAVEN, FL 33471**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LORENZEN, CARL
12190 ANCHOR LANE SW
MOORE HAVEN, FL 33471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
LORENZEN, CARL
12190 ANCHOR LANE SW
MOORE HAVEN, FL 33471 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LORENZEN, NANCY
12190 ANCHOR LANE SW
MOORE HAVEN, FL 33471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
LORENZEN, NANCY
12190 ANCHOR LANE S.W.
MOORE HAVEN, FL 33471 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Nancy Lorenzen **NANCY LORENZEN, MANAGER** **1/20/06** **863-675-7932**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



ATTACHMENT

30000704

To:

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

2/16/06

FROM:

CL&N PROPERTIES, LLC
12190 ANCHOR LANE SW
MOORE HAVEN, FL 33471

IN SECTION 10, THE 3RD
PARTY HAS BEEN REMOVED FROM
THE REPORT, AS SUGGESTED
BY YOUR PERSONNEL BY PHONE.

Nancy Lorenzen
MANAGER

Subject: CL&N PROPERTIES, LLC

Reference Number:

L04000084012

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION