

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000021247

1. Entity Name

C & C ENTERPRISES, L.L.C.



Principal Place of Business

136 TONEY PENNA DRIVE
JUPITER, FL 33458

Mailing Address

136 TONEY PENNA DRIVE
JUPITER, FL 33458



01252007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0578505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPASSO, THOMAS
136 TONEY PENNA DRIVE
JUPITER, FL 33458

**DO NOT WRITE
IN THIS SPACE**

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)

000000608148

02/01/07-80023-006 150.00

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	CAPASSO, THOMAS
STREET ADDRESS	136 TONEY PENNA DRIVE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	VP
NAME	CAPASSO, JOSEPH R
STREET ADDRESS	136 TONEY PENNA DR
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	VS
NAME	CAPASSO, VALERIE
STREET ADDRESS	136 TONEY PENNA DR
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

1/25/07