

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000079191

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 20-3289314

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Authorized Person(s) Detail :**

Title	MGMB	Title	MGMB
Name	WALLACE, GARY F	Name	MUFALLI, JAMES T
Address	13450 CORAL DRIVE SW	Address	18443 DEEP PASSAGE LANE
City-State-Zip:	FORT MYERS FL 33908	City-State-Zip:	FORT MYERS BEACH FL 33931

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY WALLACE

MG MBR

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date