

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000063579

Entity Name: CC TRADITIONS HOLDINGS, LLC**Current Principal Place of Business:**135 SAN LORENZO AVENUE, SUITE 740
CORAL GABLES, FL 33146**Current Mailing Address:**135 SAN LORENZO AVENUE, SUITE 740
CORAL GABLES, FL 33146**FEI Number:** 45-2453517**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EISENACHER, HAROLD
135 SAN LORENZO AVE, #740
CORAL GABLES, FL 33146 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:** HAROLD EISENACHER

04/08/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT
Name	CARR, JAMES
Address	135 SAN LORENZO AVE, #740
City-State-Zip:	CORAL GABLES FL 33146

Title	VP
Name	GRAGG, K LAWRENCE
Address	135 SAN LORENZO AVE, #750
City-State-Zip:	CORAL GABLES FL 33146

Title	VP, TREASURER, ASST. SECRETARY
Name	EISENACHER, HAROLD
Address	135 SAN LORENZO AVE, #740
City-State-Zip:	CORAL GABLES FL 33146

Title	VP, SECRETARY, ASST. TREASURER
Name	MIYARES, ANDRES
Address	135 SAN LORENZO AVE, #740
City-State-Zip:	CORAL GABLES FL 33146

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HAROLD EISENACHER

VP

04/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date