

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000010781 1. Entity Name C.L.B.C. ENTERPRISES, LLC	
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Principal Place of Business 235 COQUINA AVE. ORMOND BEACH, FL 32174	Mailing Address 235 COQUINA AVE. ORMOND BEACH, FL 32174
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DO NOT WRITE IN THIS SPACE



03182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3671201

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent BEGIN, CLAUDE H 235 COQUINA AVE. ORMOND BEACH, FL 32174
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**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. (Typed name only if the registered agent is a corporation or partnership.) DATE _____

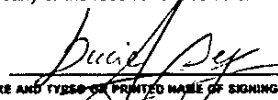
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BEGIN, LUCIA 235 COQUINA AVE ORMOND BEACH, FL 32174
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03/29/07-80071-018 50.00

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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:  **3/19/07** **386-677-9489**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE DAY AND PHONE #