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Jun 10, 2004 8:00 am
Secretary of State
05-11-2004 90001 016 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000016120

1. Entity Name
C&C LOGISTICS, L.L.C.

34008450

Principal Place of Business	Mailing Address
10255-A3 GENERAL DRIVE ORLANDO, FL 32824	PO BOX 620727 ORLANDO, FL 32862-0727

05072004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3688193
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CULLEN, RICHARD C II
10255-A3 GENERAL DRIVE
ORLANDO, FL 32824

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	CULLEN, RICHARD C
STREET ADDRESS	10255-A3 GENERAL DRIVE
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	ST
NAME	CULLEN, R.C. III
STREET ADDRESS	10255-A3 GENERAL DRIVE
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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: Richard C. Cullen RICHARD C. CULLEN 6-5-04 407-438-2113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #