

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016323

1. Entity Name

C&M MANAGEMENT, LLC

FILED

01 JUN -7 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2400 BEL AIR CR  
KISSIMMEE  
FL. 34743.

P.O. Box 450986  
KISSIMMEE  
FL. 34745

2. Principal Place of Business

2400 BEL AIR CR

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 450986

Suite, Apt. #, etc.

City & State

KISSIMMEE FL.

City & State

KISSIMMEE FL.

4. FEI Number

59-3689893

Applied For

Not Applicable

Zip

34743

Country

USA

Zip

34745

Country

USA

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAUREEN HINES

2400 BEL AIR CIRCLE

KISSIMMEE

FL. 34743.

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Maureen Hines

6-4-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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: Maureen Hines

4-30-01

407 344 0278

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

Date

Daytime Phone #

CR2E083 (11/00)