

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90501 040 ****55.00

DOCUMENT # L01000005613

1. Entity Name

C & D DEVELOPMENT, LLC



Principal Place of Business

1100 N. NEW YORK AVENUE
WINTER PARK FL 32289

Mailing Address

1100 N. NEW YORK AVENUE
WINTER PARK FL 32289

2. Principal Place of Business

315 E. Robinson St
160

3. Mailing Address

P.O. Box 2173

City & State

ORLANDO Fla.

City & State

WINTER PARK FL

Zip

32801

Country

USA

Zip

32790-2173

Country

USA

4. FEI Number

59-3733901

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, CARMEN
1100 N. NEW YORK AVENUE
WINTER PARK FL 32289

7. Name and Address of New Registered Agent

Name

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

315 E. Robinson Street
Suite 160

City

ORLANDO,

FL

Zip Code

32801

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
COOPER, JAMES E
1100 N. NEW YORK AVENUE
WINTER PARK FL 32289

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
DOMINGUEZ, CARMEN
1100 N. NEW YORK AVENUE
WINTER PARK FL 32289

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

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

Date

Daytime Phone #

4-2-04 407-808-9386