

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90053 005 ****50.00

DOCUMENT # L01000012271

1. Entity Name

C & E RENTALS, L.L.C.



Principal Place of Business

302 NE HANCOCK STREET
MADISON FL 32340
US

Mailing Address

302 NE HANCOCK STREET
P.O BOX 934
MADISON FL 32340
US



2. Principal Place of Business

228 NE Hancock Avenue

3. Mailing Address

PO Box 934

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Madison, FL.

Madison, FL.

City & State

City & State

1st MOORE

CR2E083 (10/05)

Zip

32340

Country

Zip

32341

Country

4. FEI Number

59-3625679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DULAY, MARIA LINDA
302 NE HANCOCK STREET
MADISON FL 32340

7. Name and Address of New Registered Agent

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. 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

3/15/06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DULAY, CHRISTINE M
STREET ADDRESS 302 NE HANCOCK STREET
CITY-ST-ZIP MADISON FL 32340 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE Dula, Christine M. ☒ Change ☐ Addition
NAME
STREET ADDRESS 228 NE Hancock Avenue
CITY-ST-ZIP Madison, FL. 32340

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

3/15/06