2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000012796

1. Entity Name
THREE C, LLC

Principal Place of Business	Mailing Address
3475 WEST WILD DUNES PLACE LECANTO, FL 34461	3475 WEST WILD DUNES PLACE LECANTO, FL 34461

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DO NOT WRITE IN THIS SPACE

02152008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

BROCKETT, CLAUDIA M
3475 WEST WILD DUNES PLACE
LECANTO, FL 34461

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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 _____

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BROCKETT, CLAUDIA
STREET ADDRESS	3475 W. WILD DANES PL
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Claudia Brockett_   2/15/08 (352) 746-2699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #