

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000015066**

1. Entity Name  
**C & C GOLDENFARB, LLC**



Principal Place of Business  
**2583 MONACO CIRCLE  
PALM BEACH GARDENS, FL 33410**

Mailing Address  
**2583 MONACO CIRCLE  
PALM BEACH GARDENS, FL 33410**



02202005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**43-1965229**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GOLDENFARB, CRAIG M  
2583 MONACO CIRCLE  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
IN THIS SPACE**

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)

**2/21/05**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

U000000242031  
02/24/05-80064-010 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	GOLDENFARB, CRAIG M MGR
STREET ADDRESS	2583 MONACO CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
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:**

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

**2/21/05**

DATE

**561 697 4440**

Daytime Phone #