

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jun 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000016607

1. Entity Name

CMC DEVELOPMENT, L.L.C.



Principal Place of Business

2560 RCA BLVD., SUITE 112
PALM BEACH GARDENS FL 33410

Mailing Address

2560 RCA BLVD., SUITE 112
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0232971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAPIN, NANCY
2560 RCA BLVD., SUITE 112
PALM BEACH GARDENS FL 33410

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME CHAPIN, ROY
STREET ADDRESS 2560 RCA BLVD., SUITE 112
CITY - ST - ZIP PALM BEACH GARDENS FL 33410

TITLE MGR ☐ Delete
NAME CHAPIN, NANCY
STREET ADDRESS 2560 RCA BLVD., SUITE 112
CITY - ST - ZIP PALM BEACH GARDENS FL 33410

TITLE MGR ☐ Delete
NAME MEADS, LAURENCE
STREET ADDRESS 7775 NOLL VALLEY ROAD
CITY - ST - ZIP VERONA WI 53593

TITLE MGR ☐ Delete
NAME MEADS, MINDY
STREET ADDRESS 7775 NOLL VALLEY ROAD
CITY - ST - ZIP VERONA WI 53593

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000161916
CITY - ST - ZIP 06/02/04-80001-013 50.00

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

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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

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 #

561-631-9833