

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000017992

1. Entity Name
C2FS-DUNEDIN LLC



Principal Place of Business
11300 FOURTH STREET NORTH STE. 200
ST PETERSBURG, FL 33716

Mailing Address
11300 FOURTH STREET NORTH STE. 200
ST PETERSBURG, FL 33716

FILED
Feb 02, 2004 08:00 AM
Secretary of State



01082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
56-2284934

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHADWICK, JAMES M
11300 FOURTH STREET NORTH STE. 200
ST PETERSBURG, FL 33716

**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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000024874
02/02/04-80083-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SEMBLER, STEVEN M 1300 4TH ST. N. SUITE 200 SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHADWICK, JAMES M 11300 4TH ST. N., SUITE 200 SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLEETING, ROBERT 11300 4TH ST. N. SUITE 200 SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHADWICK, HARRY R 11300 4TH ST. N. SUITE 200 SAINT PETERSBURG, FL 33716
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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/14/04

727-578-9197