

2008 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
Apr 14, 2008 08:00 AM
Secretary of State



03102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2284934

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALLAST POINT GROUP LLC
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

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

000000037056
04/25/08-80033-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SEMBLER, STEVEN M
STREET ADDRESS	1300 4TH ST. N. SUITE 200
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	MGRM
NAME	CHADWICK, JAMES M
STREET ADDRESS	11300 4TH ST. N., SUITE 200
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
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 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: *M Steven Sembler*

M. Steven Sembler

(727) 577-5522

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

Date

Daytime Phone #