

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L02000017993

1. Entity Name  
C2FS-GANDY 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  
52-2369312

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**

000000024882  
02/02/04-80083-023 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SEMBLER, M. STEVEN  
11300 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:

*A. C. C. S.*

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

1/14/04

Date

727-577-9197

Daytime Phone #