

# 2008 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**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**



03102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

52-2369312

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  
SUITE 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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SEMBLER, M. STEVEN
STREET ADDRESS	11300 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	MGRM
NAME	FLEETING, ROBERT
STREET ADDRESS	11300 4TH ST N., SUITE 200
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	MGRM
NAME	CHADWICK, HARRY R
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	

U000000037054  
04/25/08-80033-010 138.75

**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 #