

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90004 032 \*\*\*\*50.00

**DOCUMENT # L02000019849**

1. Entity Name

**C & P, LLC**



Principal Place of Business

Mailing Address

**1591 EAST ATLANTIC BLVD., SUITE 200  
POMPANO BEACH FL 33060**

**1591 EAST ATLANTIC BLVD., SUITE 200  
POMPANO BEACH FL 33060**

2. Principal Place of Business

3. Mailing Address

**507 SE Mizner Blvd.,  
Suite, Apt. #, etc.**

**507 SE Mizner Blvd.,  
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Boca Raton FL**

City & State  
**Boca Raton, FL**

4. FEI Number  
**51-0418946**

Applied For  
☐ Not Applicable

Zip  
**33432**

Country  
**Palm Beach**

Zip  
**33432**

Country  
**Palm Beach**

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUNO JOLY, CHRISTOPHER  
1591 EAST ATLANTIC BLVD., SUITE 200  
POMPANO BEACH FL 33060**

Name

**Bruno Joly, Christopher**

Street Address (P.O. Box Number is Not Acceptable)

**507 SE Mizner Blvd.**

City **Boca Raton**

**FL**

Zip Code  
**33432**

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 **CHRISTOPHE JOLY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/14/03**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>MGRM</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>BRUNO JOLY, CHRISTOPHER</b>	<b>714 N.W. 44TH TERRACE</b>	<b>DEERFIELD BEACH FL 33442</b>							
	<b>MGRM</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>MICHEL SEGUI, PATRICK</b>	<b>1361 S. FEDERAL HIGHWAY</b>	<b>BOCA RATON FL 33432</b>							
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: **CHRISTOPHE JOLY**

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

**2/14/03**

Date

**561 391 2575**

Daytime Phone #

CR2E083 (10/02)