

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025752

1. Entity Name  
C & M FINANCE, LLC



FILED

04 AUG 26 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2548 BLAIRSTONE PINES DR.  
TALLAHASSEE, FL 32301

Mailing Address  
2548 BLAIRSTONE PINES DR.  
TALLAHASSEE, FL 32301



2. Principal Place of Business  
3535 Roberts Ave  
Suite, Apt. #, etc.

3. Mailing Address  
4745 Jackson Bluff Rd  
Suite, Apt. #, etc.  
#174

08252004 Chg-LLC CR2E083 (10/03)

City & State  
Tallahassee, FL  
Zip  
32310  
County  
LEON

City & State  
Tallahassee, FL  
Zip  
32310  
County  
LEON

4. FEI Number  
36-4508657  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DETERDING, F. MARSHALL ESQ.  
ROSE, SUNDBSTROM & BENTLEY, LLP  
2548 BLAIRSTONE PINES DR.  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name  
Carla C. Deterding  
Street Address (P.O. Box Number is Not Acceptable)  
4745 Jackson Bluff Rd #174  
City  
Tallahassee FL Zip Code  
32310

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

*Carla C. Deterding*

(NOTE: Registered Agent signature required when reinstating)

8/25/04

DATE

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DETERDING, F. MARSHALL  
2548 BLAIRSTONE PINES DR  
TALLAHASSEE, FL 32301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

STREET ADDRESS  
CITY-ST-ZIP  
Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Carla C. Deterding  
4745 Jackson Bluff Rd #174  
Tallahassee, FL 32310 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900040775759  
09/02/04--01032--002 \*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

*Carla C. Deterding*

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

DATE

8/25/04

Daytime Phone #