

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000028658

1. Entity Name
CECIL COMMERCE TRIAD, LLC



Principal Place of Business
2008 RIVERSIDE AVENUE, SUITE 200
JACKSONVILLE, FL 32204

Mailing Address
2008 RIVERSIDE AVENUE, SUITE 200
JACKSONVILLE, FL 32204

FILED

05 MAY 12 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
51-0438146

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAX CO,
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202

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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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JONES, CARLTON D
STREET ADDRESS 2008 RIVERSIDE AVE STE 200
CITY-ST-ZIP JACKSONVILLE, FL 32204

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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: *Carlton D. Jones*

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

Date

Daytime Phone #