

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

DOCUMENT # **LD2000029557**

1. Entity Name

**CC Group 1, LLC**



**FILED**

**03 AUG 19 AM 8:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**500022635935**  
08/28/03--01058--004 \*\*55.00

**DO NOT WRITE IN THIS SPACE**

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2. Principal Place of Business

**4400 Silas Creek Pkwy**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Winston Salem, NC**

Zip

**27104**

Country

**USA**

3. Mailing Address

**4400 Silas Creek Pkwy**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Winston Salem, NC**

Zip

**27104**

Country

**USA**

4. FEI Number

**13-4228090**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**John L. Soileau, Esquire**

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

**3490 N. US Highway 1**

City **Cocoa**

**FL**

Zip Code

**32926**

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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

**JOHN L. SOILEAU**

**8/12/03**

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Manager/Member  
Douglas M. Clayton  
4400 Silas Creek Pkwy, Ste 200  
Winston Salem, NC 27104**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

**Douglas M. Clayton (Man Mem)**

**8-11-03**

**336-760-1041**

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

Date

Daytime Phone #

CR2E083B (12/02)