

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000032506

1. Entity Name
3CM, LLC.



Principal Place of Business
8800 STRIKE LANE
BONITA SPRINGS, FL 34135 US

Mailing Address
8800 STRIKE LANE
BONITA SPRINGS, FL 34135 US



04062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1663285

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CINIELLO, PATRICK
8800 STRIKE LANE
BONITA SPRINGS, FL 34135

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

0603001/0481
04/12/04-80085-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
CINIELLO, PATRICK
70 SOUTHPORT DRIVE
BONITA SPRINGS, FL 34105

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
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STREET ADDRESS
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CITY ST ZIP

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IN THIS SPACE**

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: _____

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

PATRICK CINIELLO

Date

Daytime Phone #

4-8-04 239 947-2111