

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90128 016 \*\*\*\*50.00

**DOCUMENT # L02000032506**

1. Entity Name  
3CM, LLC.



Principal Place of Business

~~8800 STRIKE LANE~~ *28351 S. TAMIAHI TRAIL*  
BONITA SPRINGS, FL 34135 US  
34134

Mailing Address

~~8800 STRIKE LANE~~ *28351 S. TAMIAHI TRAIL*  
BONITA SPRINGS, FL 34135 US  
34134

20025663



03212005 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~~ *28351 S. TAMIAHI TRAIL*  
BONITA SPRINGS, FL 34135 34134

**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.

*PATRICK CINIELLO*

(NOTE: Registered Agent signature required when reinstating)

*March 22, 2005*

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

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

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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**

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

Date

Daytime Phone #

*PATRICK CINIELLO* *March 22, 2005* *239 947-2111*