

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000008603

1. Entity Name
C2 HOLDING COMPANY, LLC



Principal Place of Business
**1401 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES, FL 33134**

Mailing Address
**1401 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES, FL 33134**



04192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0912345

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAW OFFICES OF CARRILLO & CARRILLO, P.A.
1401 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES, FL 33134**

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARRILLO, PEDRO R
1401 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARRILLO, FELIX R
1401 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES, FL 33134**

TITLE
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CITY-ST-ZIP

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U00000750999
05/18/07-80085-007 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.