

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000022272

1. Entity Name
C & C PROPERTIES, LLC



FILED

2004 NOV -2 PM 3:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
1830 OAKMONT AVE.
TARPON SPRINGS, FL 34689

Mailing Address
1830 OAKMONT AVE.
TARPON SPRINGS, FL 34689



2. Principal Place of Business
931 Bayshore Dr.
Suite, Apt. #, etc.

3. Mailing Address
931 Bayshore Dr.
Suite, Apt. #, etc.

10282004 REIN-LLC CR2E101 (6/04)

City & State
Tarpon Springs, FL
Zip 34689 Country Pinellas

City & State
Tarpon Springs, FL 34689
Zip 34689 Country Pinellas

4. FEI Number
20-0051385
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DRIS, MICHAEL E ESQ
29 NORTH PINELLAS AVE.
TARPON SPRINGS, FL 34689

Name

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

900042399369
11/02/04--01049--005 **50.00

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE Director ☐ Delete
NAME Emmanuel Chrysakis
STREET ADDRESS 1831 Oakmont Ave
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Director ☐ Change ☒ Addition
NAME Phil Chrysakis
STREET ADDRESS 1831 Oakmont Ave
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT

04

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

10-27-04

Date

727-9346042

Daytime Phone #