

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000023427

**FILED**  
**Feb 01, 2004**  
**Secretary of State**

**Entity Name:** C-C'S LLC

**Current Principal Place of Business:**

3915 HARBOR VISTA CIRCLE  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

1110 HWY. A1A  
107  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

3915 HARBOR VISTA CIRCLE  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

39215 HARBOR VISTA CIRCLE  
ST. AUGUSTINE, FL 32080

**FEI Number:** 20-0067723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYNCH, CHERYL  
3915 HARBOR VISTA CIRCLE  
ST. AUGUSTINE, FL 32080

**Name and Address of New Registered Agent:**

LYNCH, CHERYL  
39215 HARBOR VISTA CIRCLE  
ST. AUGUSTINE, FL 32080

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.

SIGNATURE:

02/01/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: LYNCH, CHERYL  
Address: 1110 HWY A1A SUITE 107  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHERYL LYNCH

MGR

02/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date