

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000032203



1. Entity Name

C & A LIMITED LIABILITY COMPANY

Principal Place of Business

**282 PALM AVENUE
MIAMI BEACH FL 33139**

Mailing Address

**282 PALM AVENUE
MIAMI BEACH FL 33139**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0588253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NG, ANGELA
282 PALM AVENUE
MIAMI BEACH FL 33139**

Name

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

City

FL

Zip Code

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 registering)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGR** ☐ Delete
NAME: **NG, CHUNG YIN**
STREET ADDRESS: **282 PALM AVENUE**
CITY-STATE-ZIP: **MIAMI BEACH FL 33139**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
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CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: **U000000601798
01/26/07-80065-004 50.00**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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

SIGNATURE:

Chung Yin NG **CHUNG YIN NG**

1/17/07 (305) 673-2898

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

Date

Daytime Phone #