

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034232

Entity Name: C & S OF NAPLES, LLC

FILED
Mar 08, 2005
Secretary of State

Current Principal Place of Business:

325 COCOHATCHEE DR.
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

325 COCOHATCHEE DR.
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-0225451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, PETER L
GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA
5551 RIDGEWOOD DR., STE. 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

ELFERDINK, CRISTEN T
325 COCOHATCHEE DR
NAPLES, FL 34110 US

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: CRISTEN ELFERDINK

03/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: ELFERDINK, STEVE
Address: 325 COCOHATCHER DR
City-St-Zip: NAPLES, FL 34110

Title: VP () Delete
Name: ELFERDINK, CRISTEN
Address: 325 COCOHATCHER DR
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ELFERDINK, STEVE
Address: 325 COCOHATCHER DR
City-St-Zip: NAPLES, FL 34110

Title: MGR (X) Change () Addition
Name: ELFERDINK, CRISTEN
Address: 325 COCOHATCHER DR
City-St-Zip: NAPLES, FL 34110

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: CRISTEN ELFERDINK

MGR

03/08/2005

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