

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000038483

1. Entity Name  
C2FS-ST. PETE BEACH LLC



Principal Place of Business  
9600 KOGER BLVD  
105  
SAINT PETERSBURG, FL 33702

Mailing Address  
9600 KOGER BLVD  
105  
SAINT PETERSBURG, FL 33702



04212008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-0218462

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROBERT FLEETING  
9600 KOGER BLVD  
SAINT PETERSBURG, FL 33702

**DO NOT WRITE  
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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000944731  
05/29/08-80111-014 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HANSEN, TOM  
9600 KOGER BLVD STE 105  
SAINT PETERSBURG, FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FLEETING, ROBERT  
9600 KOGER BLVD STE 105  
SAINT PETERSBURG, FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CHADWICK, HARRY  
9600 KOGER BLVD STE 105  
SAINT PETERSBURG, FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*Robert Fleeting*

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

4/29/08

Date

7275763803

Daytime Phone #