

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042480

FILED
Mar 14, 2008
Secretary of State

Entity Name: C SQUARED CONSTRUCTION, LLC

Current Principal Place of Business:

7116 SW 47 ST.
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7116 SW 47 ST.
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-0347606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOHATCH, JOHN S ESQ
2600 DOUGLAS RD., PENTHOUSE 8
CORAL GABLES, FL US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASTELLANOS, CARLOS M
Address: 10905 SW 84 CT
City-St-Zip: MIAMI, FL 33156

Title: MGRM () Delete
Name: CASTELLANOS, JORGE L
Address: 10905 SW 84 CT
City-St-Zip: MIAMI, FL 33156

Title: MGR () Delete
Name: CANDELA, HILARY J
Address: 720 SANTURCE AVE.
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CASTELLANOS, CARLOS M
Address: 10985 SW 84 AVE
City-St-Zip: MIAMI, FL 33156

Title: MGRM (X) Change () Addition
Name: CASTELLANOS, JORGE L
Address: 8445 SW 76 TERRACE
City-St-Zip: MIAMI, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HILARY CANDELA

MGR

03/14/2008

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