

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000042481	
1. Entity Name C SQUARED SHELL BUILDERS, LLC	

Principal Place of Business 7116 SW 47 ST. MIAMI FL 33155	Mailing Address 7116 SW 47 ST. MIAMI FL 33155
---	---



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CRZE083 (10/05)
4. FEI Number 20-0347512	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOHATCH, JOHN S ESQ 2600 DOUGLAS RD., PENTHOUSE 8 CORAL GABLES FL

7. Name and Address of New Registered Agent	
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.

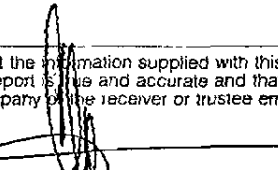
SIGNATURE	(NOTE: Registered Agent signature required when reconstituting)	DATE
-----------	---	------

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
MGRM CASTELLANOS, CARLOS M 10905 SW 84 CT MIAMI FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
MGRM CASTELLANOS, JORGE L 10905 SW 84 CT MIAMI FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
MGRM CANDELA, HILARY J 720 SANTURCE AVE. CORAL GABLES FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
U000000522691 05/03/06-80040-017 55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	4/17/06	305 669 3881
--	---------	--------------