

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT# L03000050635	
1. Entity Name CITRACAPITAL&INVESTMENTCOMPANY,L.L.C.	

Principal Place of Business 1195 N.W. 165TH STREET CITRA, FL 32113	Mailing Address 1195 N.W. 165TH STREET CITRA, FL 32113
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DO NOT WRITE IN THIS SPACE



04072005 No Chg-LLC CR2E083(10/03)

4. FEI Number 51-0490565	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VIGNE, CHARLES R
1195 N.W. 165TH STREET
CITRA, FL 32113

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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's signature required when instituting) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000337133
04/27/05-80154-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VIGNE, CHARLES R 1195 N.W. 165TH STREET CITRA, FL 32113
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Charles R. Vigne* *4/25/05* *352 595-7288*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone