

2004 **LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

L03000053307

C & N MASONRY, LLC



FILED

04 JAN -7 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16590 NW 60th Avenue

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Trenton, Florida

City & State

4. FEI Number

20-0512543

Applied For

Not Applicable

Zip

32693

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Joann C. O'Steen

Street Address (P.O. Box Number is Not Acceptable)

16590 NW 60th Avenue

City

Trenton

FL

Zip Code
32693

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

DATE

Jan. 1, 2004

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. **MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Eustus O'Steen 16590 NW 60th Avenue Trenton, Florida 32693	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300027100903 01/16/04--01036--011 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Eustus Noy O'Steen 14251 NW 76th Avenue Chiefland, Florida 32626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Joann O'Steen 16590 NW 60th Avenue Trenton, Florida 32693	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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)(l), 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:

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

Managing Member

Date

Daytime Phone #

Jan. 1, 2004 **352-490-1689**