2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L03000055176 Jan 24, 2007 08:00 AN 1. Entity Namo Secretary of State C & N LLC Principal Place of Business Mailing Addross 11605 GROVE LANE SEFFNER FL 33584 11605 GROVE LANE SEFFNER FL 33584 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 90-0182540 Not Applicable Ζiρ Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DESCHAMPS, LUCINDA M 11605 GROVE LANE Street Address (P.O. Box Number is Not Acceptable) SEFFNER FL 33584 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 Signature, typed or printed name of registered agent and tide if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE (\$ \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9, MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11111 MGRM ☐ Defete HITE Change Addition NAME DESCHAMPS, LUCINDA M NAME U00000600511 01/26/07-80013-012 55.00 SHREET ADDRESS 11605 GROVE LANE SIRFET ADORESS CITY ST 7/P SEFFNER FL 33584 CITY SI 7P HILE ☐ Delete ШП Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SE-ZIP CHY ST-JP HEE ☐ Delete HHI Change Addition NAM NAME STREET ADDRESS SHREET LADDRESS CRTY SE Zin CHY SE ZIP HHE ☐ Delete ☐ Addition me □ Change NAM MAM STREET ADDRESS STREET ADDRESS CHY SI 74P CITY ST 78 ☐ Delete THE HHE Change Addition NAME NAM SHIEF LADORESS STREET ADDRESS CITY SEZIP CHY SI-ZIP IIIII ☐ Delete ши Change Change ☐ Addillon NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY SI ZIP 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 eath; 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.

Date

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