

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000055211 1. Entity Name C & F SERVICES, LLC	
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Principal Place of Business 441 BETH PAGE ROAD MONTICELLO, FL 32344	Mailing Address 441 BETH PAGE ROAD MONTICELLO, FL 32344
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0524234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRESSLEY, TORI
3238 ADDISON LANE
TALLAHASSEE, FL 32317

**DO NOT WRITE
IN THIS SPACE**

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: *Thomas H. Chancy* DATE: 1-31-07

Signature, typed or printed name of registered agent and job if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHANCY, THOMAS H JR C/O 441 BETH PAGE ROAD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLYNT, RYAN C/O 441 BETH PAGE ROAD MONTICELLO, FL 32344
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02/06/07-80050-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Thomas H. Chancy* Date _____ Daytime Phone # _____

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