

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000055853

1. Entity Name
CINC 6, LLC.



Principal Place of Business

3757 S. ATLANTIC AV.
UNIT 703
DAYTONA BEACH SHORES, FL 32118

Mailing Address

3757 S. ATLANTIC AV.
UNIT 703
DAYTONA BEACH SHORES, FL 32118



05232005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4546369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAMBERT, WILLIAM N
629 N. PENINSULA AV.
DAYTONA BEACH, FL 32118

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

L00000368909
06/03/05-80002-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MASSARELLA, GREGORY J
STREET ADDRESS 709 STIFEL RIDGE CT.
CITY-ST-ZIP TOWN AND COUNTRY, MO 63017

TITLE MGRM
NAME MASSARELLA, JAN M
STREET ADDRESS 709 STIFEL RIDGE CT.
CITY-ST-ZIP TOWN AND COUNTRY, MO 63017

TITLE MGRM
NAME CARMICHAEL, JANE S TRUSTEE
STREET ADDRESS 8607 KELSO DR.
CITY-ST-ZIP MAINEVILLE, OH 45039

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

5/23/05

Date

314-641-4343

Daytime Phone #