

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90433 016 ****55.00

DOCUMENT # L04000019095

1. Entity Name

C & N MAINTENANCE SERVICE LLC



Principal Place of Business

**5600 LASSEN STREET
KEYSTONE HEIGHTS FL 32656**

Mailing Address

**5600 LASSEN STREET
KEYSTONE HEIGHTS FL 32656**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

80-0100978

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORVELLE, RONALD D
5375 AIRPARK LOOPWEST
GREEN COVE SPRINGS FL 32043-8911**

Name

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

5600 LASSEN ST

City **KEYSTONE HEIGHTS**

FL

Zip Code **32656**

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
NORVELLE, RONALD D
5375 AIRPARK LOOPWEST
GREEN COVE SPRINGS FL 32043-8911** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**5600 LASSEN ST.
KEYSTONE HEIGHTS, FL 32656** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
NORVELLE, MARTHA L
5375 AIRPARK LOOPWEST
GREEN COVE SPRINGS FL 32043-8911** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**5600 LASSEN ST.
KEYSTONE HEIGHTS, FL 32656** ☒ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Delete

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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 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 606, Florida Statutes.

SIGNATURE:

Martina Norvelle, MGRM

2/15/06 352/413-8252