

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90024 046 ****55.00

DOCUMENT # L04000021975											
1. Entity Name C & C TRUCKING AND ENTERPRISES, LLC											
Principal Place of Business 1766 DELAFIELD DRIVE WINTER GARDEN, FL 34787			Mailing Address 1766 DELAFIELD DRIVE WINTER GARDEN, FL 34787								
2. Principal Place of Business 1766 Delafield Drive		3. Mailing Address 1766 Delafield Drive									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State Winter Garden, FL		City & State Winter Garden, FL		4. FEI Number 03-0539018							
Zip 34787		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent PINTO, CARLOS A 2013 DIXIE BELLE DR. H ORLANDO, FL 32812		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> Name Pinto, Carlos A. </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Street Address (P.O. Box Number is Not Acceptable) 1766 Delafield Drive </td> </tr> <tr> <td style="padding: 5px;"> City Winter Garden FL </td> <td style="padding: 5px;"> Zip Code 34787 </td> </tr> </table>				Name Pinto, Carlos A.		Street Address (P.O. Box Number is Not Acceptable) 1766 Delafield Drive		City Winter Garden FL	Zip Code 34787
Name Pinto, Carlos A.											
Street Address (P.O. Box Number is Not Acceptable) 1766 Delafield Drive											
City Winter Garden FL	Zip Code 34787										
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State									
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PINTO, CARLOS A 2013 DIXIE BELLE DR. APT. H ORLANDO, FL 32812		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Pinto, Carlos A. 1766 Delafield Drive Winter Garden, FL 34787							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEJIA, CLARA I 2013 DIXIE BELLE DR. APT. H ORLANDO, FL 32812		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Mejia, Clara I. 1766 Delafield Drive Winter Garden, FL 34787							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
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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)(i), 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:			Carlos A. Pinto 02/18/05 (407)509-4507								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #								