

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90045 042 ****50.00

DOCUMENT # L04000042124

1. Entity Name
C2FS-SIX LLC



Principal Place of Business
9600 KOGER BLVD
SUITE 105
SAINT PETERSBURG, FL 33702

Mailing Address
9600 KOGER BLVD
SUITE 105
SAINT PETERSBURG, FL 33702

DO NOT WRITE IN THIS SPACE

04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
55-0871208

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLEETING, ROBERT
9600 KOGER BLVD
SUITE 105
SAINT PETERSBURG, FL 33702

**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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FLEETING, ROBERT
STREET ADDRESS	9600 KOGER BLVD SUITE 105
CITY- ST- ZIP	SAINT PETERSBURG, FL 33702

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
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CITY- ST- ZIP	

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IN THIS SPACE**

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: _____

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

4/27/07

Date

7275763803

Daytime Phone #