

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90022 011 \*\*\*\*50.00

**20037990**



02202005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000042518</b>		
1. Entity Name <b>C &amp; N SQUARED LLC</b>		

Principal Place of Business <b>1330 STEVENS AVENUE DELAND, FL 32720</b>	Mailing Address <b>1330 STEVENS AVENUE DELAND, FL 32720</b>
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2. Principal Place of Business <b>2661-A S. Woodland Blvd.</b> Suite, Apt. #, etc.	3. Mailing Address <b>2661-A S. Woodland Blvd.</b> Suite, Apt. #, etc.
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City & State <b>DELAND FL</b>	City & State <b>DELAND FL</b>	4. FEI Number <b>26-0090481</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32720</b>	Country <b>U.S.A.</b>	Zip <b>32720</b>	Country <b>U.S.A.</b>

6. Name and Address of Current Registered Agent <b>ZIRBEL, NANCY 1330 STEVENS AVENUE DELAND, FL 32720</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ZIRBEL, NANCY 1330 STEVENS AVENUE DELAND, FL 32720</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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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
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

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:** Nancy Zirbel Nancy Zirbel 4-14-05 386-734-6628  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #