

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2005 08:00 AM
Secretary of State ATX1

DOCUMENT # L04000060773

1. Entity Name

C. & M. Express, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

560 Anderson Street

Suite, Apt. #, etc

3. Mailing Address

560 Anderson Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Augustine, FL

Zip

32084

Country
USA

City & State
St. Augustine

Zip

32084

Country
USA

4. FEI Number
20-1121423

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Roy Martin Yelvington, Jr.

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

560 Anderson Street

City
St. Augustine

FL

Zip Code
32084

**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

Roy M. Yelvington Jr.

Managing Member

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

4-28-05

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Managing Member
Roy Martin Yelvington, Jr.
560 Anderson Street
St. Augustine, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000359597
05/04/05-80159-019 50.00

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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)(b), 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:

Roy M. Yelvington Jr.

Managing Member

4-28-05

(904)824-4643

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

Date

Daytime Phone #