

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066294

Entity Name: C & K, L.L.C.

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

5120 WHITE HERON LN
MELBOURNE, FL 32934 US

New Principal Place of Business:

3100 W. NEW HAVEN AVE
MELBOURNE, FL 32912 US

Current Mailing Address:

PO BOX 120159
W. MELBOURNE, FL 32912 US

New Mailing Address:

FEI Number: 20-4317963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENDALL, JEFFREY S
5120 WHITE HERON LN
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

KENDALL, JEFFREY S
3100 W. NEW HAVEN AVE
MELBOURNE, FL 32912 US

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.

SIGNATURE: JEFFREY S. KENDALL

04/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARULLI, ALBERT
Address: 5120 WHITE HERON LN
City-St-Zip: MELBOURNE, FL 32934 US

Title: MGRM () Delete
Name: KENDALL, JEFFREY S
Address: 5120 WHITE HERON LN
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARULLI, ALBERT
Address: D AVE
City-St-Zip: W. MELBOURNE, FL 32904 US

Title: MGRM (X) Change () Addition
Name: KENDALL, JEFFREY S
Address: 3100 W. NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY S. KENDALL

MGRM

04/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date