


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000081358 1. Entity Name C AND L, LLC	
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Principal Place of Business 3635 RADNOR PLACE SARASOTA, FL 34232	Mailing Address 3635 RADNOR PLACE SARASOTA, FL 34232
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DO NOT WRITE IN THIS SPACE



01292008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 42-1662976	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MCALLISTER, CRAIG
3635 RADNOR PLACE
SARASOTA, FL 34232**

**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 _____


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCALLISTER, N. CRAIG 3635 RADNOR PLACE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCALLISTER, LAURA 3635 RADNOR PLACE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/18/08-80040-012 138.75

**DO NOT WRITE
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:  **N. CRAIG MCALLISTER MGR** 1/29/08 941-377-9120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #