

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L04000089785

1. Entity Name
C & C OCOEE, LLC



Principal Place of Business
**2152 14TH CIRCLE NORTH
ST. PETERSBURG, FL 33734**

Mailing Address
**2152 14TH CIRCLE NORTH
ST. PETERSBURG, FL 33734**

DO NOT WRITE IN THIS SPACE



01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-2016938

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLCOMB, VICTOR W ESQ.
106 SOUTH TAMPANIA AVE., SUITE 200
TAMPA, FL 33609**

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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**

U000000845190
03/13/08-80029-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SCHERER, III, CLARK H
2152 14TH CIRCLE NORTH
SAINT PETERSBURG, FL 33713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KEATOR, CLARK L
2909 FAIRGREEN ST
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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

Clark Scherer III

2/26/08

Date

727.327.1089

Daytime Phone #