

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90051 033 *****50.00

DOCUMENT # L05000000059

1. Entity Name

4 C'S HOLDINGS, LLC



Principal Place of Business

**7511 S TAMiami TRAIL
SARASOTA FL 34231**

Mailing Address

**7511 S TAMiami TRAIL
SARASOTA FL 34231**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

**PFLUGNER, J GEOFFREY
2033 MAIN STREET
SUITE 600
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
CASSATA, FRANK
7511 S TAMiami TRAIL
SARASOTA FL 34231**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
CLARKE, JAMES
7511 S TAMiami TRAIL
SARASOTA FL 34231**

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10. ADDITIONS / CHANGES

TITLE
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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FRANK CASSATA 3/13/06 (41) 923-0792