


FILED
Mar 28, 2006 8:00 am
Secretary of State

02-02-2006 90091 019 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000002230 1. Entity Name C & S OF VOLUSIA, LLC																																																																																																																																			
Principal Place of Business 175 SOUTH ORCHARD STREET ORMOND BEACH, FL 32174			Mailing Address 175 SOUTH ORCHARD STREET ORMOND BEACH, FL 32174																																																																																																																																
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01052006 Cng-LLC CR2E063 (11/05) 4. FEI Number 02-0735920 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Applied For Not Applicable </div>																																																																																																																															
City & State		City & State																																																																																																																																	
Zip Country		Zip Country																																																																																																																																	
6. Name and Address of Current Registered Agent PAYNE, CHRIS 175 SOUTH ORCHARD STREET ORMOND BEACH, FL 32174				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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renouncing) DATE</small>																																																																																																																																			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">OWNER - PRESIDENT <input type="checkbox"/> Delete</td> <td style="width: 15%;"></td> <td style="width: 15%;">TITLE</td> <td colspan="2" style="width: 50%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CHRIS PAYNE</td> <td></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>175 S. ORCHARD ST.</td> <td></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORMOND BCH, FL 32174</td> <td></td> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>OWNER - VICE PRESIDENT <input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td colspan="2"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SHERRI PAYNE</td> <td></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>175 S. ORCHARD ST.</td> <td></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORMOND BCH, FL 32174</td> <td></td> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td colspan="2"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td colspan="2"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td colspan="2"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> </tbody> </table>						9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES			TITLE	OWNER - PRESIDENT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	CHRIS PAYNE		NAME			STREET ADDRESS	175 S. ORCHARD ST.		STREET ADDRESS			CITY - ST - ZIP	ORMOND BCH, FL 32174		CITY - ST - ZIP			TITLE	OWNER - VICE PRESIDENT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	SHERRI PAYNE		NAME			STREET ADDRESS	175 S. ORCHARD ST.		STREET ADDRESS			CITY - ST - ZIP	ORMOND BCH, FL 32174		CITY - ST - ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES																																																																																																																																
TITLE	OWNER - PRESIDENT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																															
NAME	CHRIS PAYNE		NAME																																																																																																																																
STREET ADDRESS	175 S. ORCHARD ST.		STREET ADDRESS																																																																																																																																
CITY - ST - ZIP	ORMOND BCH, FL 32174		CITY - ST - ZIP																																																																																																																																
TITLE	OWNER - VICE PRESIDENT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																															
NAME	SHERRI PAYNE		NAME																																																																																																																																
STREET ADDRESS	175 S. ORCHARD ST.		STREET ADDRESS																																																																																																																																
CITY - ST - ZIP	ORMOND BCH, FL 32174		CITY - ST - ZIP																																																																																																																																
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																															
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																															
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																															
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
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 606, Florida Statutes.																																																																																																																																			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																																			

30003594





ATTACHMENT
30003594

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2006

C & S OF VOLUSIA, LLC
175 SOUTH ORCHARD STREET
ORMOND BEACH, FL 32174

Subject: C & S OF VOLUSIA, LLC

Reference Number:

L05000002230

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm

ANNUAL REPORTS SECTION

Attachment



30003594

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

C & S OF VOLUSIA, LLC
175 SOUTH ORCHARD STREET
ORMOND BEACH, FL 32174

Subject: C & S OF VOLUSIA, LLC

Reference Number: L05000002230

/cc

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314