

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027302

Entity Name: C & M DAVIE LLC

FILED
Feb 03, 2009
Secretary of State

Current Principal Place of Business:

6570 GRIFFIN ROAD STE 102
DAVIE, FL 33314

New Principal Place of Business:

2830 WEST STATE ROAD 84
102
DANIA BEACH, FL 33312

Current Mailing Address:

6570 GRIFFIN ROAD STE 102
DAVIE, FL 33314

New Mailing Address:

2830 WEST STATE ROAD 84
102
DANIA BEACH, FL 33312

FEI Number: 20-3511905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEBESTA, MICHELLE
6570 GRIFFIN ROAD STE 102
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

SEBESTA, MICHELLE
2849 MORNING GLORY CIRCLE
DAVIE, FL 33331 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: MS

02/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: TATE, ROBERT C
Address: 2849 MORNING GLORY CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: MGRM () Delete
Name: SEBESTA, MICHELLE
Address: 4378 MAHOGONY RIDGE DRIVE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SEBESTA, MICHELLE
Address: 18740 NW 24 CT
City-St-Zip: PEMBROKE PINES, FL 33029

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: MS

MGR

02/03/2009

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