2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 14, 2006 8:00 am Secretary of State DOCUMENT # L05000038162 02-22-2006 90108 013 \*\*\*\*50 00 C LEVEL PROPERTIES LLC Principal Place of Business Mailing Address 596 INTERNATIONAL PLACE ROCKLEDGE FL 32955 596 INTERNATIONAL PLACE ROCKLEDGE FL 32955 2. Principal Place of Business 835 AI Suite Apt. #. etc. Suite. Apt. #. etc. 1st MOORE CR2E083 (10/05) 4. FEI Number 03 - 0583493 City & State Applied For <del>03-05-83493</del> Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MERICLE, DEANNA Street Address (P.O. Box Number is Not Acceptable) 835 ALOE CT. ROCKLEDGE FL 32955 City 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 Secretary, least or printed stains or rematered accept and title if applicable (NOTE, Responsed Agent significate regulated when templicate) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florids Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. THLE MGRM TITLE Delete ☐ Change Addition NAME SCOTT, DANIEL NAME STREET ADDRESS 1075 E. CRISAFULLI RD. STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32953 CITY-SI-71P TITLE ☐ Delete TITLE ☐ Change MGRM ☐ Addition NAME SCOTT, SHERRY NAME STREET ADDRESS STREET ADDRESS 1075 E. CRISAFULLI RD. CITY-ST-ZIP MERRITT ISLAND FL 32953 CITY-ST-ZIP nne\_ Delete FITEF Change ☐ Addition MGRM NAME NAME MERICLE, CHRISTOPHER STREET ADDRESS STREET ADDRESS 835 ALOE CT. CITY-ST-ZIP ROCKLEDGE FL 32955 CITY ST. ZIP TITLE MGRM ☐ Delete TITLE Change ☐ Addition MERICLE, DEANNA NAME NAME STREET ADDRESS STREET ADDRESS 835 ALOE CT. CITY-ST-70P **ROCKLEDGE FL 32955** CITY-ST-7IP nne ☐ Delete TILE ☐ Addition Channe NAME STREET ADDRESS STREET ADORESS CITY - ST- ZIP CITY-ST-ZIP JIME Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CATY - ST - ZIP CITY-ST-ZIP 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.

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2006

C LEVEL PROPERTIES LLC 596 INTERNATIONAL PLACE ROCKLEDGE, FL 32955

Subject: C LEVEL PROPERTIES LLC

Reference Number:

L05000038162

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

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

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.

/MH ANNUAL REPORTS SECTION

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