

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90084 039 \*\*\*\*50.00

**DOCUMENT # L05000057570**

1. Entity Name  
3 C'S DEVELOPMENT GROUP, LLC



Principal Place of Business  
6326 SW 14 ST  
MIAMI, FL 33144

Mailing Address  
6326 SW 14 ST  
MIAMI, FL 33144

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

07122006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

20-3735655

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~COLOMA, MARIA  
6326 SW 14TH ST  
MIAMI, FL 33144~~

Name  
COLOMA, FERNANDO  
Street Address (P.O. Box Number is Not Acceptable)

6326 S.W. 14 ST.

City MIAMI

FL

Zip Code 33144

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]

FERNANDO COLOMA

7/17/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 6, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
COLOMA, FERNANDO  
6326 SW 14 ST  
MIAMI, FL 33144 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
~~MGR  
COLOMA, MARIA C  
6326 SW 14 ST  
MIAMI, FL 33144~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
COLOMA, MARIA M  
6326 S.W. 14 ST.  
MIAMI, FL 33144 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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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: X

[Signature] FERNANDO COLOMA

7/17/06

(305) 836-6297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #