2008 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Sep 12, 2008 8:00 am Secretary of State

DOCUMENT # L05000064031 1. Entity Name C AND E ENTERPRISES, L.L.C.					09-12-2008 90016 019 ***138.75			
Principal Place of Business 111 N. POMPANO BEACH BLVD. UNIT # 1112 POMPANO BEACH, FL 33062 Wailing Address 111 N. POMPANO BEACH BLVD. UNIT # 1112 POMPANO BEACH, FL 33062							187 8 411 4 87 1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09092008	Chg-LLC	CR2E083 (12/06)	•	
City & State		City & State			4. FFI Number Applied For 20-8484761 Not Applicable			
Zip	Country	Zip	Country	5. Certificat	e of Status Desired	□ \$5.00 Add Fee Require		
	6. Name and Address of Curren	t Registered Agent	Name	7. Name an	d Address of New I	Registered Agent		
FADEM, CRAIG L 111 N. POMPANO BEACH BLVD. UNIT # 1112			<u> </u>	Name Street Address (P.O. Box Number is Not Acceptable)				
POMPANO BEACH, FL 33062			City	City FL Zip Code				
	named entity submits this statement f	or the purpose of changing its	registered office or regis	stered agent, or b	oth, in the State of F		and accept	
i ig obligat	nons of registered agent.							
SIGNATURE .								
	Signature, typed or printed name of registered agen	at and title if applicable (NOT	E: Registered Agent signature req	uired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agents E NOWIII FEE IS \$138.75 by September 12, 2008	In accordance with	E: Registered Agent signature req s. 607.193(2)(b), F.S. d not receive the prior	, the limited		DATE ke check payable to la Department of State	Đ	
SIGNATURE FILI Due	E NOW!!! FEE IS \$138.75	In accordance with liability company did	s. 607.193(2)(b), F.S.	, the limited	Florid	ke check payable to	9	
SIGNATURE FILI Due 9. TITLE NAME	E NOW!!! FEE IS \$138.75 by September 12, 2008 MANAGING MEMB MGR FADEM, CRAIG L	In accordance with liability company did	s. 607.193(2)(b), F.S. I not receive the prior	, the limited	Florid	ke check payable to la Department of State	B Addition	
FILE Due	E NOW!!! FEE IS \$138.75 by September 12, 2008 MANAGING MEMB	In accordance with liability company did	s. 607.193(2)(b), F.S. I not receive the prior	, the limited	Florid	ke check payable to a Department of State /CHANGES		
FILE DUE 9. TITLE NAME STREET ADDRESS	E NOW!!! FEE IS \$138.75 by September 12, 2008 MANAGING MEMB MGR FADEM, CRAIG L 1111 N. POMPANO BEACH BL	In accordance with liability company did	s. 607.193(2)(b), F.S. I not receive the prior 10. TITLE NAME STREET ADDRESS	, the limited	Florid	ke check payable to a Department of State /CHANGES		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	E NOW!!! FEE IS \$138.75 by September 12, 2008 MANAGING MEMB MGR FADEM, CRAIG L 1111 N. POMPANO BEACH BL	In accordance with liability company did ERS/MANAGERS Delete VD., UNIT # 1112	s. 607.193(2)(b), F.S. I not receive the prior 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	, the limited	Florid	ke check payable to a Department of State /CHANGES	Addition	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	E NOW!!! FEE IS \$138.75 by September 12, 2008 MANAGING MEMB MGR FADEM, CRAIG L 1111 N. POMPANO BEACH BL	In accordance with liability company did ERS/MANAGERS Delete VD., UNIT # 1112	s. 607.193(2)(b), F.S. I not receive the prior 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	, the limited	Florid	ke check payable to la Department of State /CHANGES Change	Addition	
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADORESS

CITY - ST - ZIP

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