

**FILED**  
**Aug 14, 2008 8:00 am**  
**Secretary of State**

08-14-2008 90036 038 \*\*\*138.75

**LIABILITY COMPANY  
 ANNUAL REPORT**

0068213



Mailing Address  
 1065 NW 88 AVE  
 MAROATE, FL 33063

3. Name of Agent  
 360 Mountain Laurel Way  
 Canton, GA 30114

4. FEI Number  
 20-3144051

5. Certificate of Status Desired  
☐ New  
☒ Renew



08072008 CNY-LLC CRO2ED83 (12/08)

6. Fee  
 \$5.00 Add-on  
☐ Not Applicable

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 State  
 Zip Code

FL

8. The above named entity submits this statement for the purpose of changing its registered office or agent, in the State of Florida, in accordance with the provisions of Chapter 60A, Florida Statutes, and the provisions of the regulations of the Department of Banking and Finance.

9. The above named entity submits this statement for the purpose of changing its registered office or agent, in the State of Florida, in accordance with the provisions of Chapter 60A, Florida Statutes, and the provisions of the regulations of the Department of Banking and Finance.

10. The above named entity submits this statement for the purpose of changing its registered office or agent, in the State of Florida, in accordance with the provisions of Chapter 60A, Florida Statutes, and the provisions of the regulations of the Department of Banking and Finance.

MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
NAME CASTRO, JOSEPH	TITLE Owner	NAME CASTRO, JOSEPH	TITLE Owner
STREET ADDRESS 1065 NW 88 AVE		STREET ADDRESS 1065 NW 88 AVE	
CITY-STATE-ZIP MAROATE, FL 33063		CITY-STATE-ZIP MAROATE, FL 33063	
NAME CASTRO SANDRA	TITLE Owner	NAME CASTRO SANDRA	TITLE Owner
STREET ADDRESS 1065 NW 88 AVE		STREET ADDRESS 1065 NW 88 AVE	
CITY-STATE-ZIP MAROATE, FL 33063		CITY-STATE-ZIP MAROATE, FL 33063	
NAME CASTRO JOSEPH	TITLE Owner	NAME CASTRO JOSEPH	TITLE Owner
STREET ADDRESS 1065 NW 88 AVE		STREET ADDRESS 1065 NW 88 AVE	
CITY-STATE-ZIP MAROATE, FL 33063		CITY-STATE-ZIP MAROATE, FL 33063	
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CITY-STATE-ZIP MAROATE, FL 33063		CITY-STATE-ZIP MAROATE, FL 33063	

360 Mountain Laurel Way  
 Canton, GA 30114  
 50009458

**IMPORTANT INSTRUCTIONS**

- Make check payable to Florida Department of State.
- Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- Changes must be typed or printed in ink and legible.
- Sign report in Block 11.
- The fee to file the Limited Liability Company annual report is \$138.75. If a certificate of status is desired, please add an additional \$5.00. Only one certificate may be requested.

Block 1. Complete the name, document number, mailing address and principal place of business last reported to our office. You cannot change the name on this form. You must file an amendment to change the name. For amendment information, call (850) 245-6051.

Block 2 & 3. If applicable, enter the new principal office address in Block 2. The principal office address must be a street address. If applicable, enter the new mailing address in Block 3. A Post Office Box is acceptable.

Block 4. If blank, complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied to or not applicable. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-4837.

Block 5. If you need a certificate of status, check the box in Block 5 and include an additional \$5.00. All certificates will be mailed to the entity's mailing address. If you need a certificate of status, check the box in Block 5 and include an additional \$5.00. All certificates will be mailed to the entity's mailing address.

Block 6. The law requires that each entity have a Registered Agent with a Florida street address. If the information in Block 6 is incorrect, enter the correct information in Block 7.

Block 7. If applicable, enter new agent's name and address. The registered office address must be a Florida Street address. A P.O. Box or mail service is NOT acceptable for service of process. THE ENTITY CANNOT SERVE AS ITS OWN REGISTERED AGENT.

Block 8. If applicable, the new Registered Agent must sign in Block 8. No signature is necessary if the same Registered Agent is retained. NOTE: Registered Agent signature requires either retaining on this form.

Block 9. Block 9 contains the names, titles, and addresses of the managing members or managers last reported to our office. If blank, you must list the names and addresses of each managing member or manager in Block 10. Insert the letters "MGR" in the title portion of the block for each managing member listed. Insert the letters "MGR" in the title portion of the block for each manager listed. Please do not make any marks in Block 9 unless deleting a managing member or manager, corrections or additions are to be made in Block 10.

Block 10. Block 10 is for changes or additions to the existing titles, names and/or addresses of the managing members or managers in Block 9. Changes must be typed or printed and legible. List all managing members or managers. Attach a separate sheet if necessary. Florida Statutes require a physical address be given. The provision of a post office box in Block 10 or on an attachment is an affirmation under oath that no other address is available.

Block 11. This report must be signed in Block 11 by a managing member or manager listed in Block 9. Block 10 if a change, or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A separate piece on an attachment in Block 11 is unacceptable.

**Mail completed report to:**

**Courier Address (overnight delivery)**  
 Division of Corporations  
 P.O. Box 6478  
 Tallahassee, FL 32314

**Questions?**  
 Phone: (850) 245-6051  
 Hearing/Voice Impaired may call (850) 245-6096 (TDD)

**INFORMATION REGARDING RETURNED CHECKS**  
 If the check submitted with this report is returned by a bank for any reason, the report will be canceled and considered not filed. The Department of State will disavow the entity a replacement payment with service charge and report are not resubmitted within the prescribed time frame.