

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90295 009 ****50.00

DOCUMENT # L05000076377

1. Entity Name
C & W VENTURES, LLC



Principal Place of Business
**519 NORTHWEST CRAWFORD COURTS
WHITE SPRINGS, FL 32096 US**

Mailing Address
**519 NORTHWEST CRAWFORD COURTS
WHITE SPRINGS, FL 32096 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

65-1255789

Applied For

Not Applicable

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

**LAWSON, WALTER J
14952 US 90 WEST
LIVE OAK, FL 32060**

Name

Dana Haynes

Street Address (P.O. Box Number is Not Acceptable)

519 NW Crawford Ct.

City

White Springs

FL

Zip Code

32096

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

Dana Haynes

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

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **HAYNES, DANA S**
STREET ADDRESS **519 NORTHWEST CRAWFORD COURT**
CITY-ST-ZIP **WHITE SPRINGS, FL 32096**

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

TITLE **MGRM** ☐ Delete
NAME **HAYNES, CURTIS J**
STREET ADDRESS **519 NORTHWEST CRAWFORD COURT**
CITY-ST-ZIP **WHITE SPRINGS, FL 32096**

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

TITLE **MGRM** ☐ Delete
NAME **LAWSON, WALTER J**
STREET ADDRESS **14952 US 90 WEST**
CITY-ST-ZIP **LIVE OAK, FL 32060**

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

TITLE **MGRM** ☐ Delete
NAME **LAWSON, NORMA A**
STREET ADDRESS **14952 US 90 WEST**
CITY-ST-ZIP **LIVE OAK, FL 32060**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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

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:

Dana Haynes

Dana Haynes

4-1-06

386-758-1935

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

Date

Daytime Phone #