

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000079191

Entity Name: 9726 CCC, L.L.C.

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

C/O GARY F. WALLACE  
13450 CORAL DRIVE SW  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GARY F. WALLACE  
13450 CORAL DRIVE SW  
FORT MYERS, FL 33908

**New Mailing Address:**

FEI Number: 20-3289314

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALLACE, GARY F  
13450 CORAL DRIVE SW  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMB  
Name: WALLACE, GARY F  
Address: 13450 CORAL DRIVE SW  
City-St-Zip: FORT MYERS, FL 33908

Title: MGMB  
Name: MUFALLI, JAMES T  
Address: 18443 DEEP PASSAGE LANE  
City-St-Zip: FORT MYERS BEACH, FL 33931

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: GARY WALLACE

MGRM

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date