

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090882

Entity Name: CCC ENTERPRISES LLC

FILED  
Sep 10, 2007  
Secretary of State

**Current Principal Place of Business:**

1245 MYSTIC WAY  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

1245 MYSTIC WAY  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 01-0844777      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

FICARRA, CONSTANCE  
1245 MYSTIC WAY  
WELLINGTON, FL 33414      US

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: MGRM      ( ) Delete  
Name: FICARRA, CONSTANCE  
Address: 1245 MYSTIC WAY  
City-St-Zip: WELLINGTON, FL 33414

Title: MGR      ( ) Delete  
Name: JOSEPH FICARRA, CHRISTOPHER  
Address: 1245 MYSTIC WAY  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CONSTANCE FICARRA

MGRM

09/10/2007

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