


FILED
Jun 14, 2007 8:00 am
Secretary of State

04-30-2007 90071 019 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

4/3

4/

DOCUMENT # L05000093249			
1. Entity Name C3D, LLC			
Principal Place of Business 9801 289TH STREET EAST MYAKKA CITY, FL 34251		Mailing Address 9801 289TH STREET EAST MYAKKA CITY, FL 34251	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR		APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ESPINOLA DAKIN, KAREN 9801 289TH STREET EAST MYAKKA CITY, FL 34251		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reappointing)</small>			
Filing Fee to \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPINOLA DAKIN, KAREN 9801 289TH STREET EAST MYAKKA CITY, FL 34251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAYBORNE, LISA 6211 TWIN LAKES CT CLIFTON VA 20124 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAKIN, JERRY 9801 289TH STREET EAST MYAKKA CITY, FL 34251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAYBORNE, TRAVIS 6211 TWIN LAKES CT CLIFTON VA 20124 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAKIN, CAMERON 41000 SR 70 E MYAKKA CITY, FL 34251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAKIN, FARREN 40101 SR 70 E MYAKKA CITY, FL 34251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAKIN, SHELLEY 40102 SR 70 E MYAKKA CITY, FL 34251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAKIN, SONORA 41000 SR 70 E MYAKKA CITY, FL 34251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Karen Dakin</u>		4/27/07 941-650-0388	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30010789

#L65 000693249



001003.204699.0007.001 1 AB 0.301 702



C3D LLC
ESPINOLA KAREN MBR
9801 289TH ST E
MYAKKA CITY FL 34251

For assistance you may call us at
1-800-829-4933

**IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.**

We assigned you a tax classification (S-Corporation, Partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or superceding revenue procedure for the year at issue.)