

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096667

Entity Name: FC & CE LLC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

3498 MELISSA COURT
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

3498 MELISSA COURT
PORT CHARLOTTE, FL 33980

New Mailing Address:

FEI Number: 20-1333515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULEMON, FRANCISQUE SR
3498 MELISSA CT
PORT CHARLOTTE, FL, FL 33980 US

Name and Address of New Registered Agent:

PAULEMON, FRANCISQUE SR
3498 MELISSA CT
PORT CHARLOTTE,, FL 33980 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: FRANCISQUE PAULEMON

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PAULEMON, FRANCISQUE
Address: 3498 MELISSA COURT
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: MGR () Delete
Name: PAULEMON, CARMEL MS
Address: 3498 MELISSA COURT
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: ST CLOUD, JEAN R
Address: 37 PRESQUE ILES DR
City-St-Zip: PORT CHARLOTTE,, FL 33954

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: FRANCISQUE PAULEMON

MGR

04/24/2009

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