


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90073 033 ***143.75

DOCUMENT # L05000110158					
1. Entity Name C & V AMERICAN DREAM, LLC					
Principal Place of Business 12138 98 TH AVE SEMINOLE, FL 33772			Mailing Address 12138 98 TH AVE SEMINOLE, FL 33772		
2. Principal Place of Business - No P.O. Box # 7149 123RD ST N		3. Mailing Address 7149 123RD ST. N			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SEMINOLE FL		City & State SEMINOLE FL		4. FEI Number 20-3879086 NOT APPLICABLE	
Zip 33772		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761			7. Name and Address of New Registered Agent Name: MARY JOYCE CHOUINARD Street Address (P.O. Box Number is Not Acceptable): 7149 123RD ST N City: SEMINOLE FL Zip Code: 33772		
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: <i>Mary Joyce Chouinard</i> DATE: 2-12-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOGEL, GREGORY <input checked="" type="checkbox"/> Delete 12138 98 TH AVE N SEMINOLE, FL 33772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOGEL, CHRISTY <input checked="" type="checkbox"/> Delete 12138 98 TH AVE N <i>deceased</i> SEMINOLE, FL 33772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOUINARD, MARY JOYCE <input type="checkbox"/> Delete 7149 123 RD ST N SEMINOLE, FL 33772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOUINARD, LAWRENCE <input type="checkbox"/> Delete 7149 123RD ST N. SEMINOLE, FL 33772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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: <i>Mary Joyce Chouinard</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2-12-08		727 252 8948 <small>Daytime Phone #</small>