

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-21-2006 90054 010 ****50.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
60021187

DOCUMENT # L05000112371

1. Entity Name
C.C. INTERNANTIONAL INVESTMENTS, L.L.C.



Principal Place of Business

1850 S. OCEAN DRIVE
UNIT # 2001
HALLANDALE BEACH, FL 33009 US

Mailing Address

1850 S. OCEAN DRIVE
UNIT # 2001
HALLANDALE BEACH, FL 33009 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222006 Chg-LLC CR2E083 (11/05)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARRERO, JOSE C
1820 NORTH CORPORATE LAKES BLVD
SUITE #105
WESTON, FL 33326

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

Signature, typed or printed name of registered agent and fee is applicable

(NOTE: Registered Agent signature required when registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CASTELLANOS, CARLOS
1850 S. OCEAN DRIVE # 2001
HALLANDALE, FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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 provided in Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-15-06

Date

City/State/Phone #