

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90038 032 ****50.00

DOCUMENT # L05000115976

1. Entity Name

C & G STRASSER MANAGEMENT, LLC



Principal Place of Business

1030 NORTH US 1
ORMOND BEACH FL 32174
US

Mailing Address

1030 NORTH US 1
ORMOND BEACH FL 32174
US

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

20-3880821

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

GORNT0, BRADFORD B ESQ.
149 S. RIDGEWOOD AVENUE
SUITE 550
DAYTONA BEACH FL 32114

Name

Charles L. Strasser

Street Address (P.O. Box Number is Not Acceptable)

1042 N W Hwy 1

City

FL

Zip Code

32124

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

Charles L. Strasser

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	STRASSER, CHARLES L	
STREET ADDRESS	1030 NORTH US 1	
CITY ST ZIP	ORMOND BEACH FL 32174	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	STRASSER, GINA T	
STREET ADDRESS	1030 NORTH US 1	
CITY ST ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY ST ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY ST ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charles L. Strasser

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

4-16-07 386-673-7007

Date

Daytime Phone #