

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90206 037 ***138.75

DOCUMENT # L05000116727

1. Entity Name
C. M. LYBRAND & CO., LLC



Principal Place of Business
**728 CANAL ST
NEW SMYRNA BEACH, FL 32168-6903 US**

Mailing Address
**728 CANAL ST
NEW SMYRNA BEACH, FL 32168-6903 US**

60012645



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3895459

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LYBRAND, CYNTHIA M
728 CANAL ST
NEW SMYRNA BEACH, FL 32168-6903**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LYBRAND, CYNTHIA M
728 CANAL ST
NEW SMYRNA BEACH, FL 321686903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DOLBEARE, RHONDA E
532 PATRICIA DRIVE
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROTERT, SALLY A
2320 ESLINGER ROAD LOT 78
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

CYNTHIA M. LYBRAND 1/29/08 (386) 428-2315