-2007-LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

02-12-2007 90302 010 ****50.00

DOCUMENT # L05000121305

1. Entity Name
CACM, LLC

Principal Place of Business
1633 S.E. 47TH TERRACE
CAPE CORAL FL

Mailing Address
1633 S.E. 47TH TERRACE
CAPE CORAL FL

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box # 3306 Delprado Blvd. S.
Suite, Apt. #, etc.
City & State Cape Coral, FL
Zip 33904 Country US

3. Mailing Address 3306 Delprado Blvd. S.
Suite, Apt. #, etc.
City & State Cape Coral, FL
Zip 33904 Country US

4. FEI Number 20-4011017 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ROLLINGS, HARVEY
1633 S.E. 47TH TERRACE
CAPE CORAL FL

7. Name and Address of New Registered Agent
Name Gwen Martin
Street Address (P.O. Box Number is Not Acceptable) 3306 Delprado Blvd S.
City Cape Coral FL Zip Code 33904

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 Gwen Martin 1/31/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
	MGRM MARTIN, GWEN 1633 S.E. 47TH TERRACE CAPE CORAL FL 33904 ☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

10. ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	☒ Change ☐ Addition 3306 Delprado Blvd. S. Cape Coral, FL 33904
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

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: Gwen Martin 1/31/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #