

FILED
Jun 27, 2007 8:00 am
Secretary of State

05-23-2007 90215 036 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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DOCUMENT # L06000014891			
1. Entity Name C&C DEVELOPMENT, LLC			
Principal Place of Business 21059 SW 90 PLACE MIAMI, FL 33189		Mailing Address 21059 SW 90 PLACE MIAMI, FL 33189	
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		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BENNETT, SCOT A 2751 S. OCEAN DRIVE, 302-S HOLLYWOOD, FL 33019		7. Name and Address of New Registered Agent Name <u>Mike Fish CPA</u> Street Address (P.O. Box Number is Not Acceptable) <u>7700 N. Kendall Dr. suite 503</u> City <u>MIAMI</u> FL Zip Code <u>33156</u>	
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CABANZON, DAVID J 21059 SW 90 PLACE MIAMI, FL 33189 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CLARK, JORGE L 4301 SW 158 AVENUE MIAMI, FL 33185 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 appointed to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>5/14/07</u> (305) 984-6050 D. C.	

6/25/07