


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-26-2007 90306 026 ****55.00

DOCUMENT # L06000015123		
1. Entity Name C & M LLC		

Principal Place of Business 1324 S. CENTRAL AVE. FLAGLER BEACH, FL 32136	Mailing Address 1324 S. CENTRAL AVE. FLAGLER BEACH, FL 32136
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2. Principal Place of Business - No P.O. Box # 1324 S. Central Ave Suite, Apt. #, etc.	3. Mailing Address 1324 S. Central Ave Suite, Apt. #, etc.
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City & State Flagler Beach FL Zip 32136 Country USA	City & State Flagler Beach FL Zip 32136 Country USA
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03142007 Chg-LLC CR2E083 (12/06)

4. FEI Number
33-1134 638

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERS, CHARLES
1324 S. CENTRAL AVE.
FLAGLER BEACH, FL 32136

7. Name and Address of New Registered Agent

Name N/A

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

City N/A 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 N/A

(NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERS, CHARLES 1324 S. CENTRAL AVE. FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERS, MARY 1324 S. CENTRAL AVE. FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 required by Chapter 608, Florida Statutes.

SIGNATURE: *Charles D. Anders*

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

Date 03/15/07 Daytime Phone # 1-386-439-7858