2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L06000015123

Entity Name: C & M LLC

Current Principal Place of Business:

1324 S. CENTRAL AVE.
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

1324 S. CENTRAL AVE.
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 33-1134638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: REV. CHARLES D. ANDERS 04/13/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ANDERS, CHARLES
Address: 1324 S. CENTRAL AVE.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM ( ) Delete
Name: ANDERS, MARY
Address: 1324 S. CENTRAL AVE.
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ANDERS, CHARLES D REV.
Address: 1324 S. CENTRAL AVE.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM (X) Change ( ) Addition
Name: ANDERS, MARY E DR.
Address: 1324 S. CENTRAL AVE.
City-St-Zip: FLAGLER BEACH, FL 32136

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARY E. ANDERS DR. 04/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date