

FILED
Jun 14, 2007 8:00 am
Secretary of State

05-08-2007 90116 042 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

S/B

DOCUMENT # L06000057830			
1. Entity Name N & C ENTERPRISES, LLC			
Principal Place of Business 3 BRYAN JAMES WAY ORMOND BEACH, FL 32174		Mailing Address 3 BRYAN JAMES WAY ORMOND BEACH, FL 32174	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
S.U.B. ADT #, etc.		S.U.B. ADT #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 22-3935472		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04262007 Ctg-LLC CR2E083 (12/08)	
6. Name and Address of Current Registered Agent RHYNARD, M. A 515 S. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Applicable)		Street Address (P.O. Box Number is Not Applicable)	
City		City	
FL		FL	
Zip Code		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 _____ 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	☐ Delete MANAGER ANGRISANI, FRANK 3 BRYAN JAMES WAY ORMOND BEACH, FL 32174	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
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 empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 6/12/07	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	