

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000057876

Entity Name: C & D ENTERPRISE LLC

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

199 S.W. SHANNON AVE.  
SUITE # 101  
W. MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

199 S.W. SHANNON AVE.  
SUITE # 101  
W. MELBOURNE, FL 32904 US

**New Mailing Address:**

FEI Number: 20-5083666

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLIVO, DOUGLAS M  
199 SW SHANNON AVE.  
SUITE # 101  
W. MELBOURNE, FL 32904 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: OLIVO, DOUGLAS M  
Address: 199 S.W. SHANNON AVE. SUITE #101  
City-St-Zip: W.MELBOURNE, FL 32904 US

Title: MGR  
Name: BUTTERFIELD, CHARLIE N  
Address: 199 S.W. SHANNON AVE. SUITE #102  
City-St-Zip: W.MELBOURNE, FL 32904 US

I hereby 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: DOUGLAS M OLIVO

MGR

02/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date