

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061321

FILED
Jul 16, 2007
Secretary of State

Entity Name: CNC FEDERAL SUPPLIES LLC

Current Principal Place of Business:

2720 PARK STREET
SUITE 201
JACKSONVILLE, FL 32205

New Principal Place of Business:

4161 CARMICHAEL AVENUE, BUILDING 3300
SUITE 209
JACKSONVILLE, FL 32207

Current Mailing Address:

2720 PARK STREET
SUITE 201
JACKSONVILLE, FL 32205

New Mailing Address:

4161 CARMICHAEL AVENUE, BUILDING 3300
SUITE 209
JACKSONVILLE, FL 32207

FEI Number: 06-1782618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COSBY, CLIFTON B III
1385 BELVEDERE AVE
JACKSONVILLE, FL 32205 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: MGRM () Delete
Name: COSBY, CLIFTON B COSBY
Address: 1385 BELVEDERE AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM () Delete
Name: COSBY, CHRISTOPHER F
Address: 2766 RIVERWOOD LANE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CLIFTON B. COSBY

MGRM

07/16/2007

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