

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065584

FILED
Feb 05, 2007
Secretary of State

Entity Name: C3 LLC

Current Principal Place of Business:

235 6TH STREET, N.W.
SUITE 607
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

235 6TH STREET, N.W.
SUITE 607
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 20-5491805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANTOMASO, CYNTHIA A
235 6TH STREET, N.W.
SUITE 607
WINTER HAVEN, FL 33881 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 () Delete
Name: JANTOMASO, CYNTHIA A
Address: 235 6TH STREET, N.W. SUITE 607
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGRM () Delete
Name: JANTOMASO, JOHN J
Address: 235 6TH STREET, N.W. SUITE 607
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGRM () Delete
Name: SHORT, MATTHEW J
Address: 235 6TH STREET, N.W. SUITE 607
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES:

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

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 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: CYNTHIA JANTOMASO

M

02/05/2007

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