


FILED
Mar 05, 2008 8:00 am
Secretary of State

60012708

DOCUMENT # L06000086528		03-05-2008 90208 041 ***138.75	
1. Entity Name C & A CUSTOM RAILINGS, LLC			
Principal Place of Business 1520 LATHAM ROAD, STE #1 WEST PALM BEACH, FL 33409 US		Mailing Address 1520 LATHAM ROAD STE # 1 WEST PALM BEACH, FL 33409 US	
2. Principal Place of Business - No P.O. Box # 4711 N. AUSTRALIAN AVE #5		3. Mailing Address 4711 N. AUSTRALIAN AVE #5	
City & State WEST PALM BEACH, FL		City & State WEST PALM BCH, FL	
Zip 33407		Country U.S.A	
4. FEI Number 51-0603960		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent TIMBAL, ANDREEA 4413 MELVIN RD LAKE WORTH, FL 33461		7. Name and Address of New Registered Agent TIMBAL, ANDREEA 7958 140TH AVE N. WEST PALM BCH, FL 33412	
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 <u>Andreea Timbal/ANDREEA TIMBAL</u> DATE <u>3/2/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM TIMBAL, CIPRIAN A 4413 MELVIN RD LAKE WORTH, FL 33461		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM TIMBAL, ANDREEA 4413 MELVIN RD LAKE WORTH, FL 33461		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Andreea Timbal</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <u>3/2/08</u> DAYTIME PHONE # <u>561-471-5381</u>	