

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000088587

Entity Name: 3CEES, LLC

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

11792 LADY ANNE CIRCLE  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

11792 LADY ANNE CIRCLE  
CAPE CORAL, FL 33991

**New Mailing Address:**

1242 SW PINE ISLAND RD  
STE 42-265  
CAPE CORAL, FL 33991

FEI Number: 20-5514503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAHALAN, JAMES J  
11792 LADY ANNE CIRLE  
CAPE CORAL, FL 33991 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  
Name: CAHALAN, JAMES J  
Address: 1242 SW PINE ISLAND ROAD STE 42-265  
City-St-Zip: CAPE CORAL, FL 33991

Title: D  
Name: HOLLENBECK, ENZO  
Address: 1242 SW PINE ISLAND ROAD STE 42-265  
City-St-Zip: CAPE CORAL, FL 33991

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: JAMES JOSEPH CAHALAN

MGRM

03/30/2010

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