


2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90063 010 ***138.75

DOCUMENT # L06000092570	
1. Entity Name C & B HOLDINGS LLC	

Principal Place of Business 511 E. HORATIO AVE MAITLAND, FL 32751 US	Mailing Address 5120 FILLMORE PLACE SANFORD, FL 32773 US 511 E Horatio Ave Maitland FL 32751
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1462 Cricket Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Longwood, FL
Zip	Country USA

02202008 Chg-LLC CR2E083 (12/06)

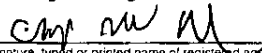
4. FEI Number
45-0543112

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required


6. Name and Address of Current Registered Agent	
WEBBER, BO Y 5120 FILLMORE PLACE SANFORD, FL 32773	

7. Name and Address of New Registered Agent	
Name	Yun, Chong M.
Street Address (P.O. Box Number is Not Acceptable)	1462 Cricket Ct.
City	Longwood FL
Zip Code	32750

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 	Chong M. Yun, Member
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBBER, BO Y 5120 FILLMORE PLACE SANFORD, FL 32773 <input checked="" 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	MGRM YUN, CHONG M 1462 CRICKET COURT LONGWOOD, FL 32750 <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
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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: 	Chong M. Yun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Date	Daytime Phone #