

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90029 006 ****50.00

DOCUMENT # L06000094182

1. Entity Name
C & T MASONRY, LLC



Principal Place of Business
**85029 HOLBROOK AVENUE
YULEE, FL 32097-4690**

Mailing Address
**85029 HOLBROOK AVENUE
YULEE, FL 32097-4690**

60046140



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122007 Chg-LLC CR2E083 (12/06)

4. FEI Number

37-1528862

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONNERY, CHRISTINE
85029 HOLBROOK AVENUE
YULEE, FL 32097-4690**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **RICHARDSON, TED**
STREET ADDRESS **32435 FERN PARKE WAY**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **MGR** ☐ Delete
NAME **CONNERY, CHRISTINE**
STREET ADDRESS **85029 HOLBROOK AVENUE**
CITY-ST-ZIP **YULEE, FL 320974690**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Christine Connery / Christine Connery*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/07
Date

904-225-9163
Daytime Phone #