## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000109979

Entity Name: CAC HOLDINGS, L.L.C.

**Current Principal Place of Business:** 

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

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5500 NINTH STREET NORTH

ST. PETERSBURG, FL 33703

5500 NINTH STREET NORTH

ST. PETERSBURG, FL 33703

HOLLSTROM, GREGORY V

11444 SEMINOLE BLVD

LARGO, FL 33778

JONES, DENNIS L

JONES, RODERICK C

FILED Mar 31, 2009 Secretary of State

**New Principal Place of Business:** 

10706 115TH AVENUE NORTH LARGO, FL 33778 **Current Mailing Address: New Mailing Address:** 10706 115TH AVENUE NORTH LARGO, FL 33778 FEI Number: 02-0791311 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GASSMAN, ALAN S 1245 COURT STREET, STE. 102 CLEARWATER, FL 33756 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HOLLSTROM, KATHLEEN S Name: Name: 11444 SEMINOLE BLVD Address: Address: City-St-Zip: LARGO, FL 33778 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DUNN, JOSEPH Name: Address: 390 NINTH AVE NORTH Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: TREA () Delete Title: () Change () Addition HARDING, RANDOLPH C Name: Name: 2326 US HWY 19 N Address: Address: City-St-Zip: HOLIDAY, FL 34691 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

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Name:

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Address:

City-St-Zip:

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SIGNATURE: KATHLEEN HOLLSTROM PRES 03/31/2009