

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110219

Entity Name: C3 STORE, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

1 SOUTH SEMORAN BLVD
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

1 SOUTH SEMORAN BLVD
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 20-5878202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHANG, SUNG S
4730 WINGROVE BLVD
ORLANDO, FL 32819 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 () Delete
Name: CHANG, SUNG S
Address: 4730 WINGROVE BLVD
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: CHANG, CHRISTIAN C
Address: 321 E KINGS WAY
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: CHANG, MAN S
Address: 4730 WINGROVE BLVD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: CHRISTIAN CHANG

MGR

05/01/2008

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