LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED

11 MAY 17 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000116042

1. Entity Name
CCR Products, LLC.

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CR2E083B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2001 SW 20 ST	Same.
Suite, Apt. #, ect. Suite 119	Suite, Apt. #, ect.
City & State Fort Lauderdale, FL.	City & State
Zip 33315 Country USA	Zip Country

4. FEI Number 20-5992267 ☐ Applied For ☐ Not Applicable

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

6. **DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Cesar de la Fresilla.

Street Address (P.O. Box Number is Not Acceptable): 2001 SW 20 ST # 119

City: Fort Lauderdale FL Zip Code: 33315

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: Cesar de la Fresilla 05/12/11.
Signature, typed or printed name of registered agent and title if applicable — DATE

January 1 - May 1 Fee is $138.75
After May 1, Fee is $538.75
Amended AR is $50.00
Make Check Payable to Florida Department of State

E-mail Address: _____
To be used for future annual report notices

9. MANAGING MEMBERS / MANAGERS

TITLE	President.
NAME	Cesar de la Fresilla.
STREET ADDRESS	2001 SW 20 ST # 119, Fort Lauder
CITY-ST-ZIP	
TITLE	Vicepresident.
NAME	Michael C. Schmidt.
STREET ADDRESS	120 Plantation Dr, Tavenix, FL
CITY-ST-ZIP	33070
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10.

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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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State consitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Cesar de la Fresilla 05/12/11 (305) 218 9583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone#