

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013805

Entity Name: C'MA, LLC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

2106 WILLOW BRICK RD
WINDERMERE ORLANDO, FL 34786

New Principal Place of Business:

7130 S. OBT # 128
ORLANDO, FL 32809

Current Mailing Address:

2106 WILLOW BRICK RD
WINDERMERE ORLANDO, FL 34786

New Mailing Address:

7130 S. OBT #128
ORLANDO, FL 32809

FEI Number: 06-1815537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, CAROLINA A
2106 WILLOW BRICK RD
WINDERMIRE ORLANDO, FL 34786 US

Name and Address of New Registered Agent:

SANCHEZ, CAROLINA A
7130 S. OBT #128
ORLANDO, FL 32809 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SANCHEZ, CAROLINA A
Address: 2106 WILLOW BICK RD
City-St-Zip: WINDERMERE ORLANDO, FL 34786

Title: VP () Delete
Name: LOMELLI, ALFREDO J
Address: 2106 WILLOW BRICK RD
City-St-Zip: WINDERMERE ORLANDO, FL 34786

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: SANCHEZ, CAROLINA A
Address: 7130 S. OBT #128
City-St-Zip: ORLANDO, FL 32809

Title: VP (X) Change () Addition
Name: LOMELLI, ALFREDO J
Address: 7130 S. OBT 3128
City-St-Zip: ORLANDO, FL 32809

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: ALFREDO LOMELLI

VP

04/28/2009

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