

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90064 001 ***138.75

DOCUMENT # L07000038311

1. Entity Name

C & C CONSTRUCTION OF EASTPOINT, LLC



Principal Place of Business

753 BUCK RD
EASTPOINT FL 32328

Mailing Address

753 BUCK RD
EASTPOINT FL 32328

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 433

City & State

City & State

EASTPOINT, FL

Zip

Country

Zip

Country

32328-0633

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-8805544

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREAMER, GEORGE M
753 BUCK RD
EASTPOINT FL 32328

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 reappointing)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME CREAMER, GEORGE M
STREET ADDRESS 753 BUCK RD
CITY-ST-ZIP EASTPOINT FL 32328

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE MGRM
NAME CREAMER, GEORGE B
STREET ADDRESS P O BOX 594
CITY-ST-ZIP EASTPOINT FL 32328

☐ Delete

TITLE
NAME
STREET ADDRESS 753 BUCK ROAD
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

George M. Creamer

4-22-08

850-470-8029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #