

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048112

Entity Name: C & S INVESTMENTS, LLC

FILED  
Apr 16, 2009  
Secretary of State

**Current Principal Place of Business:**

4168 OLD FEDERAL ROAD  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

4168 OLD FEDERAL ROAD  
QUINCY, FL 32351

**New Mailing Address:**

FEI Number: 26-0877266      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOWDEN, GARVIN B  
1300 THOMASWOOD DRIVE  
TALLAHASSEE, FL 32308      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: M      ( ) Delete  
Name: MANDER, SCOTT A M  
Address: 4168 OLD FEDERAL ROAD  
City-St-Zip: QUINCY, FL 32351

Title: M      ( ) Delete  
Name: MANDER, ANAMARIA M  
Address: 4168 OLD FEDERAL ROAD  
City-St-Zip: QUINCY, FL 32351

**ADDITIONS/CHANGES:**

Title: P      (X) Change ( ) Addition  
Name: MANDER, SCOTT A M  
Address: 4168 OLD FEDERAL ROAD  
City-St-Zip: QUINCY, FL 32351

Title: VP      (X) Change ( ) Addition  
Name: MANDER, ANAMARIA M  
Address: 4168 OLD FEDERAL ROAD  
City-St-Zip: QUINCY, FL 32351

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: ANA MARIA MANDER

VP

04/16/2009

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