

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053261

FILED  
Mar 29, 2008  
Secretary of State

Entity Name: C&L ASSOCIATES AND IMMIGRATION SERVICES, LLC

**Current Principal Place of Business:**

174 SPRINGDALE CIRCLE  
PALM BEACH, FL 33461

**New Principal Place of Business:**

174 SPRINGDALE CIRCLE  
PALM SPRINGS, FL 33461

**Current Mailing Address:**

1121 SOUTH MILITARY TRAIL, 215  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

1121 SOUTH MILITARY TRAIL, #215  
DEERFIELD BEACH, FL 33442

FEI Number: 74-3216177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RAMSAY, LUCIANNE T  
174 SPRINGDALE CIRCLE  
PALM SPRINGS, FL 33461 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: MGR ( ) Delete  
Name: RAMSAY, LUCIANNE T  
Address: 174 SPRINGDALE CIRCLE  
City-St-Zip: PALMS SPRINGS, FL 33461

Title: MGRM ( ) Delete  
Name: RAMSAY, CURTIS D  
Address: 174 SPRINGDALE CIRCLE  
City-St-Zip: PALM SPRINGS, FL 33461

**ADDITIONS/CHANGES:**

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: LUCIANNE T RAMSAY

MGR

03/29/2008

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