

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023968

FILED
Jan 27, 2009
Secretary of State

Entity Name: C N C ENTERPRISES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

5802 CHERRY ROAD
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

5802 CHERRY ROAD
OCALA, FL 34472

New Mailing Address:

FEI Number: 26-2099807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESTER, CHARLES R
22416 INDIANWOOD WAY
EUSTIS, FL 32736 US

Name and Address of New Registered Agent:

LESTER, CHARLES R
20 REDWOOD RUN LOOP
OCALA, FL 34472 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:

01/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LESTER, CHARLES R
Address: 22416 INDIANWOOD WAY
City-St-Zip: EUSTIS, FL 32736

Title: MGRM () Delete
Name: HAWKINS, CHARLES P
Address: 5001 SW 20TH STREET, APT 1405
City-St-Zip: OCALA, FL 34474

Title: MGRM () Delete
Name: SULLIVAN, JOHN D.
Address: 5802 CHERRY ROAD
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LESTER, CHARLES R
Address: 20 REDWOOD RUN LOOP
City-St-Zip: OCALA, FL 34472

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: CHARLES HAWKINS

MGMR

01/27/2009

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