

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000012550

Entity Name: 7 C'S INDUSTRIES LLC

FILED  
Apr 07, 2011  
Secretary of State

**Current Principal Place of Business:**

670 PLANTATION RD  
MERRITT ISLAND, FL 32952 US

**New Principal Place of Business:**

**Current Mailing Address:**

670 PLANTATION RD  
MERRITT ISLAND, FL 32952 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

COLLINS, JOHN D  
670 PLANTATION RD  
MERRITT ISLAND, FL 32952 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: MGRM  
Name: BLANKENSHIP COLLINS, KAREN  
Address: 670 PLANTATION RD  
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: MGRM  
Name: COLLINS, JOHN DEXTER  
Address: 670 PLANTATION RD  
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: MGRM  
Name: COLLINS, SAMUEL DEXTER  
Address: 84 CAMP BRANCH RD  
City-St-Zip: BLACK MOUNTAIN, NC 28711 US

Title: MGRM  
Name: COLLINS, SUSANNAH R  
Address: 6630 OLD VALLEY SCHOOL RD  
City-St-Zip: KERNERSVILLE, NC 27284 US

Title: MGRM  
Name: COLLINS, JOHN MARSHALL  
Address: 670 PLANTATION RD  
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: MGRM  
Name: COLLINS, CAROLINE RENEE  
Address: 670 PLANTATION RD  
City-St-Zip: MERRITT ISLAND, FL 32952 US

I hereby 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: JOHN COLLINS

MGRM

04/07/2011

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