

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000002727

Entity Name: C. STATE, LLC

FILED
Apr 02, 2011
Secretary of State

Current Principal Place of Business:

4134 SAUMS DRIVE
N. FT. MYERS, FL 33903

New Principal Place of Business:

13000 SANDY KEY BEND #1
N. FT. MYERS, FL 33903

Current Mailing Address:

4134 SAUMS DRIVE
N. FT. MYERS, FL 33903

New Mailing Address:

PO BOX 4722
N. FT. MYERS, FL 33918

FEI Number: 27-1764436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPLE, DONALD
4134 SAUMS DRIVE
N. FT. MYERS, FL 33903 US

Name and Address of New Registered Agent:

CAPLE, DONALD
13000 SANDY KEY BEND #1
N. FT. MYERS, FL 33903 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: DONALD CAPLE

04/02/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: CAPLE, ELLIS MICHAEL
Address: 1305 E 13TH ST
City-St-Zip: DENVER, CO 80218

Title: MGRM
Name: CAPLE, DONALD
Address: 13000 SANDY KEY BEND #1
City-St-Zip: N FT MYERS, FL 33903

Title: MGRM
Name: CAPLE, SUSAN
Address: 13000 SANDY KEY BEND #1
City-St-Zip: N. FT. MYERS, FL 33903

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: SUSAN CAPLE

MEM

04/02/2011

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