

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000086520

Entity Name: CCNK LLC**Current Principal Place of Business:**2145 AVOCADO AVE
MELBOURNE, FL 32935**Current Mailing Address:**PO BOX 360607
MELBOURNE, FL 32936**FEI Number:** 27-3269047**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLER, KEVIN L
1871 PEYTON DR
PENSACOLA, FL 32503 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	MILLER, KEVIN L
Address	PO BOX 360607
City-State-Zip:	MELBOURNE FL 32935

Title	VP
Name	HARTLEY, CRISTEN MI
Address	2080 SEMUR RD
City-State-Zip:	PENSACOLA FL 32503

Title	VP
Name	MILLER, CYNDY G
Address	PO BOX 360607
City-State-Zip:	MELBOURNE FL 32936

Title	VP
Name	HARTLEY, STEPHAN BR
Address	2080 SEMUR RD
City-State-Zip:	PENSACOLA FL 32503

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN L. MILLER**MANAGER****04/06/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date