

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000052270

**Entity Name:** C7&8, LLC

**Current Principal Place of Business:**

323 SW LOST RIVER RD  
STUART, FL 34997

**Current Mailing Address:**

323 SW LOST RIVER RD  
STUART, FL 34997 US

**FEI Number:** 80-0856668

**Certificate of Status Desired:** No

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

WHITE, CHARLES R  
941 N HIGHWAY A1A  
JUPITER, FL 33477 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 MGRM  
Name DYLE, DANIEL J  
Address 323 SW LOST RIVER RD  
City-State-Zip: STUART FL 34997

Title MGRM  
Name DYLE, AUDREY  
Address 323 SW LOST RIVER RD  
City-State-Zip: STUART FL 34997

*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:** AUDREY DYLE

**MGRM**

**01/24/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date