

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000113346

**Entity Name:** C. 1949, LLC.

**Current Principal Place of Business:**

6905 NORTH ORLEANS AVENUE  
TAMPA, FL 33604

**Current Mailing Address:**

PO BOX 9653  
TAMPA, FL 33674 US

**FEI Number:** 81-3079344

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 CHEGLER, LLC.  
Address PO BOX 9653  
City-State-Zip: TAMPA FL 33674

Title MGR  
Name CRUZ, EVARISTO NOEL  
Address 5310 NORTH CENTRAL AVE  
City-State-Zip: TAMPA FL 33603

*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:** STEPHEN COUTURE

**MANAGER**

**04/04/2018**

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

\_\_\_\_\_  
Date