

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000231873

Entity Name: C&M RANCH, LLC**Current Principal Place of Business:**5460 LITHIA PINECREST RD.
LITHIA, FL 33547**Current Mailing Address:**5460 LITHIA PINECREST RD.
LITHIA, FL 33547**FEI Number:** 83-2191674**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMPOAMOR, JOE M JR.
5460 LITHIA PINECREST RD.
LITHIA, FL 33547 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	AMBR
Name	CAMPOAMOR, JOE M JR.
Address	5460 LITHIA PINECREST RD.
City-State-Zip:	LITHIA FL 33547

Title	AMBR
Name	CAMPOAMOR, JOE M SR.
Address	5460 LITHIA PINECREST RD.
City-State-Zip:	LITHIA FL 33547

Title	AMBR
Name	CAMPOAMOR, MICHAEL J
Address	5460 LITHIA PINECREST RD.
City-State-Zip:	LITHIA FL 33547

Title	AMBR
Name	MARTINEZ, WILLIAM
Address	5460 LITHIA PINECREST RD.
City-State-Zip:	LITHIA FL 33547

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: JOE M CAMPOAMOR JR

AMBR

01/17/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date