

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000088439

**Entity Name:** C2 ENTERPRISES, LLC

**Current Principal Place of Business:**

8602 TWIN FARMS PLACE  
TAMPA, FL 33635

**Current Mailing Address:**

8602 TWIN FARMS PLACE  
TAMPA, FL 33635

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

RUSSELL, BRYAN  
8602 TWIN FARMS PLACE  
TAMPA, FL 33635 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 RUSSELL, BRYAN  
Address 8602 TWIN FARMS PLACE  
City-State-Zip: TAMPA FL 33635

Title MGRM  
Name RUSSELL, MAURA  
Address 8602 TWIN FARMS PLACE  
City-State-Zip: TAMPA FL 33635

Title MGRM  
Name RUSSELL, CYLE  
Address 8602 TWIN FARMS PLACE  
City-State-Zip: TAMPA FL 33635

Title MGRM  
Name RUSSELL, COREY  
Address 8602 TWIN FARMS PLACE  
City-State-Zip: TAMPA FL 33635

*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:** BRYAN RUSSELL

**MANAGER**

**04/30/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date