2016 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

Name and Address of Current Registered Agent:

RUSSELL, BRYAN 8602 TWIN FARMS PLACE TAMPA, FL 33635 US Certificate of Status Desired: Yes

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

Authorized Person(s) Detail :

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

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 30, 2016 Secretary of State CC2912430178

Date