

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022949

FILED
Mar 19, 2009
Secretary of State

Entity Name: CHAP, LLC

Current Principal Place of Business:

2303 N PINE AVE
OCALA, FL 344759258

New Principal Place of Business:

Current Mailing Address:

2303 N PINE AVE
OCALA, FL 344759258

New Mailing Address:

FEI Number: 51-0472561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBIOL, CHARLES H
221 N.E. 35TH STREET
OCALA, FL 34479 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: B () Delete
Name: ALBIOL, CHARLES H
Address: 221 NE 35TH ST.
City-St-Zip: Ocala, FL 34479

Title: MGRM (X) Delete
Name: ALBIDOL, CHARLES H
Address: 2303 N PINE AVE
City-St-Zip: Ocala, FL 344759258

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALBIOL, CHARLES H
Address: 221 NE 35TH ST.
City-St-Zip: Ocala, FL 34479

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHARLES H. ALBIOL

MGRM

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date