


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000000897

1. Entity Name
CHRISTOPHER A. DESROCHERS, P.L.



Principal Place of Business 2504 AVE. G NW WINTER HAVEN, FL 33880	Mailing Address 2504 AVE. G NW WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE



02152006 No Chg-LLC CR2E063 (11/05)

4. FEI Number 41-2162620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DESROCHERS, CHRISTOPHER
 2504 AVE. G NW
 WINTER HAVEN, FL 33880**

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6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESROCHERS, CHRISTOPHER 2504 AVE. G NW WINTER HAVEN, FL 33880
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ **3506 863 299 8309**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #