

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002330

FILED
Apr 14, 2009
Secretary of State

Entity Name: CHESTON MM LLC

Current Principal Place of Business:

401 E LAS OLAS BLVD
SUITE 130-324
FT. LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

401 E LAS OLAS BLVD
SUITE 130-324
FT. LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTWANI, DEV
401 EAST LAS OLAS BLVD
SUITE 130-324
FT. LAUDERDALE, FL 33301 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: MGR () Delete
Name: MOTWANI, RAMOLA
Address: 401 EAST LAS OLAS BLVD, SUITE 130-324
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: O () Delete
Name: MOTWANI, NITIN
Address: 401 EAST LAS OLAS BLVD, SUITE 130-324
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: O () Delete
Name: MOTWANI, DEV
Address: 401 EAST LAS OLAS BLVD, SUITE 130-324
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

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

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

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: RAMOLA MOTWANI

MGR

04/14/2009

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