

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90030 031 ***138.75

60024411



04242008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2850173

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VOITA, CHRIS
735 KEENE LAND PIKE
LAKE MARY, FL 32748

7. Name and Address of New Registered Agent

Name VOITA, CHRIS
Street Address (P.O. Box Number is Not Acceptable)
19321 MEREDITH PARKWAY
City ORLANDO FL Zip Code 32833

8. 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 obligation of registered agent.

SIGNATURE: Chris Voita MGRM DATE: 4/24/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VOITA, DESIREE	
STREET ADDRESS	19321 MEREDITH PARKWAY	
CITY-ST-ZIP	ORLANDO, FL 32833	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HUTCHINSON, LISA	
STREET ADDRESS	1244 WATERWITCH COVE CIR	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HOPPE, MICHAEL	
STREET ADDRESS	1244 WATERWITCH COVE CIR	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VOITA, CHRIS	
STREET ADDRESS	19321 MEREDITH PARKWAY	
CITY-ST-ZIP	ORLANDO, FL 32833	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Chris Voita CHRIS VOITA 4/24/08 321-217-7080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #