

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071377

FILED  
Jul 05, 2008  
Secretary of State

Entity Name: CHAPEL ENTERPRISES, LLC

**Current Principal Place of Business:**

317 RIVEREDGE BLVD  
SUITE 208  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

317 RIVEREDGE BLVD  
SUITE 208  
COCOA, FL 32922

**New Mailing Address:**

FEI Number: 22-3939308      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BLOOMFIELD, SEAN P  
317 RIVEREDGE BLVD  
SUITE 208  
COCOA, FL 32922 US

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: BLOOMFIELD, SEAN P  
Address: 565 WEST GATEWAY COURT  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGRM ( ) Delete  
Name: PAUL, LAUT  
Address: PO BOX 10969  
City-St-Zip: BRADENTON, FL 34207

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: PAUL, LAUT  
Address: PO BOX 1958  
City-St-Zip: SEFFNER, FL 33584

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: PAUL LAUT

MGRM

07/05/2008

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