## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L0100004330

1. Entity Name



## **FILED** Feb 28, 2003 8:00 am Secretary of State 02-28-2003 90038 001 \*\*\*\*50.00

CHAPINA	N & GALLE, PLC						
Principal Place of Business 11199 POLO CLUB ROAD WEST PALM BEACH FL 33414		Mailing Address 11199 POLO CLUB ROAD WEST PALM BEACH FL 33414					
							11/14 <b>18</b> /1 1 <b>1</b>
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKIN	G CHANGES	3
City & State		City & State		4. FEI Num	nber <b>65-1090384</b>		pplied For
Zip	Country	Zip	Country	5. Certifica	ite of Status Desired	\$5.00 Ad	lditional
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New Registered		
GAI	LE, CRAIG T	Name					
111	99 POLO CLUB RD ST PALM BEACH FL 33414	Street Address (		s (P.O. Box Num	P.O. Box Number is Not Acceptable)		
116	OF TALK DENOTIFE 33414						
			City		Fi	Zip Coo	et
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its req	gistered office or regist	ered agent, or b			and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (AIOTE D.			·		
***	organizate, types or printed hearts or registered agent a		egistered Agent signature requir		DATE		
		FILE NOW Make Check Payable t	/!!! FEE IS \$50.00				
			ly May 1, 2003	cik of State			
9.	MANAGING MEMBE		10.		ADDITIONS/CHANGES	<u> </u>	
TITLE	MGRM	☐ Delete	TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition
NAME	GALLE, CRAIG T		NAME			_ ,	_
STREET ADDRESS (	11198 POLO CLUB ROAD WEST PALM BEACH FL 33414		STREET ADDRESS CITY-ST-ZIP		÷		
TITLE	MGRM	——————————————————————————————————————					
NAME	CHAPMAN, AVERY S	☐ Delete	TITLE NAME			☐ Change	☐ Addition }
STREET ADDRESS	1194 W FOREST HILL BLVD		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33414		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
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CITY-ST-ZIP			CITY-ST-ZIP		•		
<ol><li>I hereby ce</li></ol>	ertify that the information supplied with t	his filing does not qualify for the	exemption stated in S	ection 119.07/3	Vi) Florida Statutos I further son	eife , shoot shoot in	

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