I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and
that my name appears above, or on an attachment with all other like empowered.

MGRM

05/08/2015

Date

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

# DOCUMENT# L10000066260

Entity Name: CHUTES'N LADDERS, LLC

#### **Current Principal Place of Business:**

13425 MURIEL AVENUE PORT CHARLOTTE, FL 33981

## **Current Mailing Address:**

3528 COMO STREET, PORT CHARLOTTE, FL 33948

# FEI Number: 27-3036001

### Name and Address of Current Registered Agent:

LARKIN, PHYLLIS 3528 COMO STREET, PORT CHARLOTTE, FL 33948 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

### Authorized Person(s) Detail :

Title	MGRM	Title	MANAGER
Name	LARKIN, PHYLLIS	Name	LARKIN, MICHAEL J ESQ.
Address	3528 COMO STREET	Address	3528 COMO STREET
City-State-Zip:	PORT CHARLOTTE FL 33948	City-State-Zip:	PORT CHARLOTTE FL 33948

Electronic Signature of Signing Authorized Person(s) Detail

### FILED May 08, 2015 Secretary of State CC1676014902

Certificate of Status Desired: No

Date