that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN PETRALIA

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000119813

Entity Name: CHARTIERS CREEK PRESS LLC

Current Principal Place of Business:

2090 W FIRST ST SUITE 2608 FT MYERS. FL 33901

Current Mailing Address:

2090 W FIRST ST SUITE 2608 FT MYERS. FL 33901

FEI Number: 46-1904150

Name and Address of Current Registered Agent:

PETRALIA, JOHN 2090 W FIRST ST SUITE 2608 FT MYERS, FL 33901 US

Certificate of Status Desired: No

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	MBR	Title	MBR
Name	PETRALIA, JOHN	Name	PETRALIA, NANCY
Address	2090 W FIRST ST SUITE 2608	Address	2090 W FIRST ST SUITE 2608
City-State-Zip:	FT MYERS FL 33901	City-State-Zip:	FT MYERS FL 33901

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

PARTNER

01/30/2020

FILED Jan 30, 2020 Secretary of State 2549886616CC

Date

Date