| Name and Address of Current Registered Agent:  |                 |  |                 |                            |      |
|--|-----------------|--|-----------------|----------------------------|------|
| PETRALIA, JOHN<br>2090 W FIRST ST SUITE 2608<br>FT MYERS, FL 33901 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       | SIGNATURE: JOHN PETRALIA                 |                 |                            |      |
|  |                 | Electronic Signature of Registered Agent |                 |                            | Date |
| 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          |      |
|  |                 |  |                 |                            |      |

# **Current Mailing Address:**

2090 W FIRST ST SUITE 2608 FT MYERS. FL 33901

## FEI Number: 46-1904150

#### Na

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.

SIGNATURE: NANCY R PETRALIA

MBR

01/29/2022 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 29, 2022 Secretary of State 9858479171CR

Certificate of Status Desired: No

2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L14000119813

Entity Name: CHARTIERS CREEK PRESS LLC

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

2090 W FIRST ST SUITE 2608 FT MYERS. FL 33901