2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000006085

1. Entity Name

CHERIOGOTIS-FOSTER, L.L.C.



FILED Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90016 012 ****50.00

Principal Place of Business		Maiing Address 909 Mar Walt Drive. Suite 1014 Fort Walton Beach FL 32547				_				
19 MAR WALT DRIVE, SUITE 1014										
Principal Place of Business		3. Mailing Address					KRHITIII			
Suite, Apt.	*, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Numb	per 59-3705977		<u></u>	oplied For ot Applicable	
Zip	Country	Zip Countr			5. Certificat	e of Status Desired		\$5.00 Add		
	6. Name and Address of Current Re	ent Registered Agent			7. Name and Address of New Registered Agent					
				Name						
FOSTER, WILLIAM SCOTT 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH FL 32547			S	Street Address (P.O. Box Number is Not Acceptable)						
ron	WALTON BEACHT E 32347					. <u> </u>		T 0		
			٥ ٥	City			FL	Zip Cod	e	
3. The above the obligation	named entity submits this statement for thons of registered agent.	e purpose of changing its re	egistered o	office or regis	tered agent, or b	oth, in the State of Flori	ida. I am fa	amiliar with,	and accept	
Signature _	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Ag	ent signature requi	ired when reinstating)		DATE			
·			WIII EEI	E IS \$50.00	0			_		
		Make Check Payable		•	i i					
			By May			•				
9.	MANAGING MEMBERS	/MANAGERS	10.			ADDITIONS/0	CHANGES			
TITLE	MGRM	☐ Delete	TITLE					Change	☐ Addition	
NAME	FOSTER, WILLIAM SCOTT		NAME							
STREET ADDRESS	000 110 117 117 127 00 112 10 1		STREET A	1						
CITY-ST-ZIP	TORT WALTON BEACHT TE GESTI		CITY-ST-	ZIP						
TITLE	MGRM	☐ Delete	TITLE					Change	Addition	
VAME	O/ 1/10 / 1/1 O/ 12/1/10 O/ 1/10 O/ 1/		NAME STREET A	DDDCCC						
STREET ADDRESS	909 MAR WALT DRIVE, SUITE 101 FORT WALTON BEACH FL 32547		· CITY-ST-					, . ·	٠٠ سيومير وه	
CITY-ST-ZIP	MGRM		•			<u> </u>		☐ Change	☐ Addition	
TITLE NAME	WILLIAM SCOTT FOSTER, JR. TRU	☐ Delete	TITLE NAME	ļ						
STREET ADDRESS	909 MAR WALT DRIVE, SUITE 101		STREET A	DDRESS						
CITY-ST-ZIP	FORT WALTON BEACH FL 32547		CITY-ST-	-ZIP						
TITLE	MGRM	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	MARIA ESODIE CHERIOGOTIS TR		NAME							
STREET ADDRESS	909 MAR WALT DRIVE, SUITE 101	4	STREET A	DORESS						
CITY-ST-ZIP	FORT WALTON BEACH FL 32547		CITY-ST-	-ZIP						
TITLE	MGRM	Delete	TITLE	1				Change	☐ Addition	
NAME	SPIRO NICHOLAS CHERIOGOTIS,		NAME	DDD500						
STREET ADDRESS	too DOO HINTI TITLE DITTE TOT.			ADDRESS 7ID						
CITY-ST-ZIP	FORT WALTON BEACH FL 32547		CITY-ST-	- 411	 ,			☐ Change	Addition	
TITLE		☐ Delete	TITLE Name					∟ change	⊢ ∪nninon	
NAME			STREET A	ADORESS						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-	I					'	
	certify that the information supplied with the	visiting does not qualify for			Section 119.070	3)(i), Florida Statutes. I	further cer	tify that the	information	
ii. indiduy t	orary macrips information supplied with it	ming dood not plounty for	and anomip			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		'	or of the	

indicated on this report is true and accurate and mat my signature shall have the same legal effect as if made under oath; that I am a managing member or manager limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

EMATURE REQUIRED SIGNATURE:

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