

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Jun 01, 2004 8:00 am
Secretary of State

05-05-2004 90011 012 ****50.00

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1. Entity Name
CHESTNEY ENTERPRISES, L.L.C.



Principal Place of Business
**6320 NORTH NINTH AVENUE
PENSACOLA, FL 32504**

Mailing Address
**6320 NORTH NINTH AVENUE
PENSACOLA, FL 32504**

34007879



04292004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3670957

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARYELLEN CHESTNEY, MYRTLE
6320 VORTH NINTH AVENUE
PENSACOLA, FL 32504**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
P
NAME
CHESTNEY, MYRTLE
STREET ADDRESS
6320 NORTH NINTH AVENUE
CITY-ST-ZIP
PENSACOLA, FL 32504

TITLE
VP
NAME
CHESTNEY, JEFFREY S
STREET ADDRESS
6320 NORTH NINTH AVENUE
CITY-ST-ZIP
PENSACOLA, FL 32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #