200	1 UNIFO	RM	BUSI	NESS REPO	RT (U	BR)				
DOCUMENT # L0000012592							y*•			
CHRIS - MAR, LLC							· ·	ILED		
Principal Place of Business Mailing Address 3523 AUTUMN GLEN DRIVE 3523 AUTUMN GLEN DRIVE					IVE		2001 HAY 10 AM 10: 52			
VALRICO FL 33594				VALRICO FL 33594			DIVISION OF CORPORATIONS ?			
2. Principal Place of Business  O. Box 795  Suite, Apt. #, etc.				3. Mailing Address P. O. Bo X 795 Suite, Apt. #, etc.				RITE IN THIS SPAC	-	
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City & Stat	City & State  WHERICO_FL			City & State - VALKICO FL-			FEI Number - 10658	289	_	oplied For ot Applicable
7in	3595 0	ountry		3359S	Country		Certificate of Status Desired	□ \$5.0 Fee I	00 Add	ditional
	6. Name and	Address	of Current Re	egistered Agent	Na Na		Name and Address of New	Registered Agent	<u> </u>	
SOLIMENO, ANTHONY 3523 AUTUMN GLEN DRIVE					Str	Street Address (P.O. Box Number is Not Acceptable)				
VALRICO FL 33594										
						City FL Zip Code				
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.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  1.500004418845-1										
~ <del></del>				FILE	OW!!!"FEE	IS \$50.00	-06/1	4/010100	6I	)18-
				Make Check Pa				*50.00 **	***5	0.00
9.		MANAG	NG MEMBER	S/MEMBERS	10.		ADDITION	S/CHANGES		
TITLE NAME STREET ADDRESS	MEMBER Anthony	50/1 795	meni	☐ Delete	TITLE NAME STREET ADD	RESS			Change	☐ Addition
CITY-ST-ZIP	VALRICO	pr	33595	·	CITY-ST-ZI	,				
TITLE NAME				☐ Delete	TITLE NAME	2500			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	-	· 		· · · · · · · · · · · · · · · · · · ·	STREET ADD CITY-ST-Zi					
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NAME STREET ADDRESS CITY-ST-KIP				Delete	NAME STREET ADD	1			nanye	Addition
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 feceiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  An Hour Solunday										
SIGNATURE:   MANUFED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #										