2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0000013205

1. Entity Name

CHARDE DARTHERCHIR H.C.



FILED Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90014 011 ****55.00

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MORRIS, WILLIAM G ESO. 247 N. COLLIER BLVD., STE. 202 MARCO ISLAND FL 34145 B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE TILE MARCO STAND FL 34145 FL 350 Code City FL 350 Code FL 350	Zip	Country Zip		Country		5. Certifica	ite of Status Desired	\$5.00 Ad	ditional	
MORRIS, WILLIAM G ESO, 247 N. COLLIER BLVD, STE. 202 MARCO ISLAND FL 34145 B. The above named entity submits this statement for the purpose of changing its registigated agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent. B. The above named entity submits this statement for the purpose of changing its registigated agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent. B. The above named entity submits this statement for the purpose of changing its registigated agent, or both, in the State of Florida. I sm familiar with, and accept the obligations of registered agent. B. The ADOVE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 D. MANAGING MEMBERS /MANAGERS D. ADDITIONS /CHANGES DEBY May 1, 2003 D. ADDITIONS /CHANGES D.		6. Name and Address of Curre	nt Registered Agent			7. Name a	nd Address of New Regis	stered Agent		
B. The above named entity submits this statement for the purpose of changing its registage-cyclfice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Control	247	N. COLLIER BLVD., STE. 202	•		Street Address	(P.O. Box Num	ber is Not Acceptable)	,	de C	
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1. 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	<u> </u>									

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 MANAGE