

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000005230

1. Entity Name

CHULEW, L.C.



Principal Place of Business

5980 N.W. 64TH AVENUE, #309
TAMARAC FL 33319

Mailing Address

5980 N.W. 64TH AVENUE, #309
TAMARAC FL 33319

2. Principal Place of Business

Suite, Apt #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt #, etc.

City & State

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

65-1096387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHULEW, BERNARD W
5980 N.W. 64TH AVENUE, #309
TAMARAC FL 33319

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR
CHULEW, BERNARD W
STREET ADDRESS 5980 N.W. 64TH AVENUE, #309
CITY - ST - ZIP TAMARAC FL 33321 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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STREET ADDRESS
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TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
U00000223282
02/10/05-80039-002 \$0.00

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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

BERNARD W. Chulew

Feb 8 2005 954720 082

Date

Daytime Phone #