

FILED
Jan 17, 2006 8:00 am
Secretary of State

DOCUMENT # L01000015790

Mailing Address
321 RAILROAD AVE.
BOYNTON BEACH, FL 33435

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

01092006 Chq-LLC CR2E083 (11/05)

4. FBI Number
65-1152654

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name JACK Schramm Cox, PA.

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

9002 S.E. BRIDGE ROAD

City HOBE SOUND, FL.

F1

Zip Code 33455

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, 2008

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.	ADDITIONS/CHANGES
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TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SCHWEITZER, KENNETH	
STREET ADDRESS	321 N. RAILROAD AVENUE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MCGUIRK, STEPHEN P	
STREET ADDRESS	321 N. RAILROAD AVENUE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS		
CITY-ST-ZIP		

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

1-10-06 5/01-374-903-