

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000018030

1. Entity Name
CHUCK & JOE XI LLC



Principal Place of Business
**600 NORTH ATLANTIC AVE
DAYTONA BEACH, FL 32126-5400**

Mailing Address
**600 NORTH ATLANTIC AVE
DAYTONA BEACH, FL 32126-5400**



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRAY, CHARLES A
600 NORTH ATLANTIC AVENUE
DAYTONA BEACH, FL 32118**

**DO NOT WRITE
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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BRAY, CHARLES A
600 N. ATLANTIC AVE.
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GILLESPIE, JOSPEH G
600 N. ATLANTIC AVE
DAYTONA BEACH, FL 32118**

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

U00000333092
04/26/05-80084-012 50.00

**DO NOT WRITE
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)(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, OR AUTHORIZED REPRESENTATIVE

Date **4/11/05**

Daytime Phone # _____