

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90116 040 ****50.00

DOCUMENT # L02000003088

1. Entity Name

CHRIST INVESTMENT GROUP LLC



Principal Place of Business

301 CLEMATIS ST
3000
WEST PALM BEACH FL 33401

Mailing Address

301 CLEMATIS ST
3000
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

529 S. Flagler Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

W.P.B.

City & State

City & State

FL

Zip

Country

Zip

33401

Country

USA



MOORE

CR2E083 (11/03)

4. FEI Number

82-0545195

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

IMPERATO, DANIEL J
301 CLEMATIS ST
3000
WEST PALM BEACH FL 33401

DANIEL J
Imperato

Name

529 S. Flagler Dr.

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

DANIEL Imperato

City

W.P.B.

FL

Zip Code

33401

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

April 9, 04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C
IMPERATO, DANIEL
301 CLEMATIS ST ST 3000
WEST PALM BEACH FL 33401 ☐ Delete

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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 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

Date

Daytime Phone #

April 9, 04 561 805 9924