


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90096 027 ****50.00

DOCUMENT # L02000012344			
1. Entity Name CHIN FAMILY, LLC			
Principal Place of Business 13024 WATER POINT BLVD. WINDERMERE FL 34786		Mailing Address 13024 WATER POINT BLVD. WINDERMERE FL 34786	
2. Principal Place of Business 322 E. CENTRAL BLVD		3. Mailing Address 322 E. CENTRAL BLVD.	
Suite, Apt. #, etc. # 1502		Suite, Apt. #, etc. # 1502	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32801	Country	Zip 32801	Country
6. Name and Address of Current Registered Agent KANE, STEVEN H 557 NORTH WYMORE ROAD SUITE 100 MAITLAND FL 32751		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WEISHON, JOHN 322 E CENTRAL BLVD STE 1502 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WEI-SHEN CHIN 322 E. CENTRAL BLVD., #1502 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SVZAN, CHENG 13004 WATER AVENUE 340 WINDERMERE FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SUZAN CHENG 8224 BANYAN ORLANDO, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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MOORE

CR2E083 (4/04)

4. FEI Number **56-2281166** Applied For
Not Applicable

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

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
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9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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ORLANDO, FL 32801
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SVP
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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 #

9/13/04 4078320176