2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000014565

1. Entity Name



May 02, 2003 8:00 am Secretary of State
05-02-2003 90584 044 ****55.00

FILED

CHEDIRL	E COMPONENTS LLC	•									
Principal Pla	ce of Business	Mailing Address									
	PLACE. SUITE 801 BEACH FL 33401	1601 FORUM PLACE. SUITE WEST PALM BEACH FL 3340									
							111 111 11 111				
12597	Place of Business Walsingham Rd.	3. Mailing Address ROBOX	8477								
Suite, Apt	te 3 { 4	Suite, Apt. #, etc.				CHECK H	IERE IF MA	AKING CHAN	IGES		
City & Sta	30 , h 1a.	Seminole	Fla.		4. FEI Numbe	-368	340		Not	olied For Applicable	
337	74 USA	^{Zip} 33775	Country			of Status Desi		\$5.00 Fee Re			
_	6. Name and Address of Current F	registered Agent	Name	α	1	Address of N		tered Agent			1
	XMAN, JOHN'T ESQ		Street A	Address (P.0		er is Not Accep				<u> </u>	1
) John T. Paxman, P.A.)1 Forum Place, Suite 801				1 1 1		_ '	- 1 -			$\frac{1}{1}$
	ST PALM BEACH FL 33401		<u>'</u>	2597	Walsh	repain	Rd.	Site ?	<u> </u>	٩	
			City	Larc		·			Code	3774	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office o	or registered	agent, or bot	th, in the State	of Florida.	I am familiar	with, a	nd accepf	
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SIGNATURE	Signature, typed or printe flame of registered agent ar	Harles (NOTE:	Registered Agent signal	iture required wh		/Own		1/21/0	3		
SIGNATURE	Signature, typed or printe frame of registered agent ar	nd title if applicable. (NOTE:		<u>-</u>		70000		1/21/0 date	3		
SIGNATURE	Signature, typed or printe frame of registered agent an	file if applicable. (NOTE: FILE NOTE: Make Check Payable	Registered Agent signal WIII FEE IS \$ to Florida De	\$50.00 partment	en reinstating)	/ Own		1/21/0	3		
		nd title if applicable. (NOTE: FILE NOTE: Make Check Payable Due	Registered Agent signal WIII FEE IS \$ to Florida De By May 1, 200	\$50.00 partment	en reinstating)	· ·		1/21/0	3		
SIGNATURE	Signature, typed or printe frame of registered agent and MANAGING MEMBER	Make Check Payable BS/MANAGERS	Registered Agent signal WIII FEE IS \$ to Florida De By May 1, 200	\$50.00 partment	of State	· ·	ONS/CHA		23 anoe	Addition	1
9. TITLE NAME		nd title if applicable. (NOTE: FILE NOTE: Make Check Payable Due	Registered Agent signal WIII FEE IS \$ to Florida De By May 1, 200 10. TITLE NAME	\$50.00 partment	of State	ADDITI	ONS/CHA	☐ Cha	•	Addition	100001
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Make Check Payable BS/MANAGERS	Registered Agent signal WIII FEE IS \$ 10 Fiorida De By May 1, 200 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$50.00 partment	of State	ADDITI	ONS/CHA 21. 74	□ Cha	3}	Addition	CB2E082 (10/02)
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED LAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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 signalure 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 impowered to execute this report as required by Chapter 608, Florida Statutes.