## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000020285

1. Entity Name

## CHIECH & OBANGE VENTURES LLC



**FILED** Mar 11, 2003 8:00 am Secretary of State
03-11-2003 90023 035 \*\*\*\*50.00

			7			
f Business	Mailing Address					
E PLACE 92792	PO BOX 2626 ORLANDO FL 32802					
Principal Place of Business     3. Mailing Address		s				
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE	IF MAKING CHANGES	;
y & State City & State					· ——	pplied For ot Applicable
Country	· Zip	Country		<del>-</del>	S5.00 Ad Fee Require	
6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New R	registered Agent	
ROTHROCK, ANGELA 4046 GILDER ROSE PLACE WINTER PARK FL 32792		Name				
		Street Address (I		ber is Not Acceptable	e)	
		City			FL Zin Cor	de ·
and antity submits this statement fo	the aurana of abandancina its	·	-4			
red entry submits this statement ic of registered agent.	or the purpose or changing its i	registered office or regi	stered agent, or t	ooth, in the State of Fig	orida. I am familiar with,	and accept
ature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature red	uired when reinstating)		DATE	
	Make Check Payable	e to Florida Depart				
	RS/MANAGERS	10.		ADDITIONS/	/CHANGES	
OTHROCK, ANGELA 146 GILDER ROSE PLACE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP			☐ Change	☐ Addition
INTER PARK PE 32/32	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
		CITY-ST-ZIP			Channe	Addition
الم المسيد والمستقد	ساره دود الا المال ا	NAMESTREET ADDRESS CITY-ST-ZIP	<u>.</u>	and the second second	·	
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	Addition
	E PLACE 32792  e of Business  etc.  Country  6. Name and Address of Current  DCK, ANGELA LDER ROSE PLACE I PARK FL 32792  med entity submits this statement for of registered agent.  ature, typed or printed name of registered agent  MANAGING MEMBE  GRM DTHROCK, ANGELA  246 GILDER ROSE PLACE INTER PARK FL 32792	PACE 82792  PO BOX 2626 ORLANDO FL 32802  Po of Business  3. Mailing Address  atc.  Suite, Apt. #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  OCK, ANGELA LDER ROSE PLACE PARK FL 32792  The dentity submits this statement for the purpose of changing its in of registered agent.  MANAGING MEMBERS/MANAGERS  GRM OTHROCK, ANGELA D46 GILDER ROSE PLACE INTER PARK FL 32792  Delete  Delete  Delete  Delete	PO BOX 2626 ORLANDO FL 32802  Set C. Suite, Apt. #, etc.  City & State  Country Zip Country  6. Name and Address of Current Registered Agent  DCK, ANGELA LDER ROSE PLACE PARK FL 32792  City  City  Make Check Payable to Florida Depart Due By May 1, 2003  MANAGING MEMBERS/MANAGERS  GRM OTHROCK, ANGELA A6 GILDER ROSE PLACE INTER PARK FL 32792  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  Delete	PLACE PO BOX 2626 ORLANDO FL 32802  e of Business  3. Mailing Address state.  Country  Zip  Country  Zip  Country  Zip  Country  S. Certifica  1. Name and Address of Current Registered Agent  7. Name a  DCK, ANGELA LIDER ROSE PLACE PARK FL 32792  City  FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  MANAGING MEMBERS / MANAGERS  TITLE  NAME STREET ADDRESS CITY-S1-ZIP  Delete  TITLE  NAME STREET ADDRESS CITY-S1-ZIP  Delete TITLE  NAME STREET ADDRESS CITY-S1-ZIP  Delete TITLE  NAME STREET ADDRESS CITY-S1-ZIP  Delete TITLE  NAME STREET ADDRESS CITY-S1-ZIP  Delete TITLE  NAME STREET ADDRESS CITY-S1-ZIP  Delete TITLE  NAME STREET ADDRESS CITY-S1-ZIP  Delete TITLE  NAME STREET ADDRESS CITY-S1-ZIP  Delete TITLE  NAME STREET ADDRESS CITY-S1-ZIP  Delete TITLE  NAME STREET ADDRESS CITY-S1-ZIP  Delete TITLE  NAME STREET ADDRESS CITY-S1-ZIP  Delete TITLE  NAME STREET ADDRESS CITY-S1-ZIP  Delete TITLE TIT	### PLACE PO BOX 2626  GRIANDO FL 32802  ### PLACE PO BOX 2626  GRIANDO FL 32802  ### PLACE PO BOX 2626  GRIANDO FL 32802    CHECK HERE	PLACE PO BOX 2826 ORLAND FI. 32802  a of Business 3. Misling Address   Sulto Apt. #, etc.   CHECK HERE IF MAKING CHANGES    Country   Zip   Country   S. Certificate of Status Desired   S. S.O.0 Are Fee People    B. Neme and Address of Current Registered Agent   T. Name and Address of New Registered Agent   DOCK, ANGELA    LIDER ROSE PLACE   Check Address (P.O. Box Number is Not Acceptable)    FIL   Zip Coc    City   FL   Zip Coc

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.