

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90899 019 ****50.00

DOCUMENT # L02000032579

1. Entity Name

INTERFACE CHESAPEAKE, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2300 Glades Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

230W

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33431

USA

4. FEI Number

51-0431880

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Kenneth Goodman

Street Address (P.O. Box Numbers Not Acceptable)

2300 Glades Rd

#230W

City

BOCA RATON

FL

Zip Code

33431

**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

Ken Goodman

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE Charlene Goodman, Manager
NAME
STREET ADDRESS 2300 Glades Rd # 230W
CITY-ST-ZIP BOCA RATON FL 33431

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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)(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:

Charlene Goodman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/24/03

561 758 5260

Date

Daytime Phone #

CR2E083B (12/02)