


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90009 005 ****50.00

DOCUMENT # L02000035174	
1. Entity Name THE CHASE LAW FIRM, LLC	

Principal Place of Business 1435 PIEDMONT DRIVE EAST, SUITE 110-A TALLAHASSEE, FL 32308	Mailing Address 1435 PIEDMONT DRIVE EAST, SUITE 110-A TALLAHASSEE, FL 32308
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20002928



2. Principal Place of Business 1566 Village Square Blvd Suite, Apt. #, etc. Suite 2 City & State Tallahassee FL Zip 32308	3. Mailing Address 1566 Village Square Blvd Suite, Apt. #, etc. Suite 2 City & State Tallahassee, FL Zip 32308
Country USA	Country USA

01192005 Chg-LLC CR2E083 (10/03)

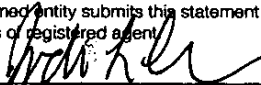
4. FEI Number 52-2391041	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent CHASE, JODI L 1435 PIEDMONT DRIVE EAST, SUITE 110-A TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent Name Jodi L. Chase Street Address (P.O. Box Number is Not Acceptable) 1566 Village Square Blvd Suite 2 City Tallahassee FL Zip Code 32308

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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHASE, JODI L. 1435 PIEDMONT DRIVE EAST, SUITE 110-A TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1566 Village Square Blvd Suite 2 Tallahassee, FL 32308 <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
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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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

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 

1-18-05 **850-385-9880**