

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90041 044 \*\*\*\*50.00

**DOCUMENT # L03000004497**

1. Entity Name

CHOJNACKI & CHOJNACKI, LLC



Principal Place of Business

4628 AVENUE LONGCHAMPS  
LUTZ, FL 33558

Mailing Address

4628 AVENUE LONGCHAMPS  
LUTZ, FL 33558

**DO NOT WRITE IN THIS SPACE**



03262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

06-1677868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHOJNACKI, STEVE  
4628 AVE. LONGCHAMPS  
LUTZ, FL 33558

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CHOJNACKI, STEVEN E  
4628 AVENUE LONGCHAMPS  
LUTZ, FL 33558

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CHOJNACKI, KELLI J  
4628 AVENUE LONGCHAMPS  
LUTZ, FL 33558

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Steve Chojnacki

3-27-06

813-242-7800