

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90221 010 ****50.00

DOCUMENT # L03000006452

1. Entity Name

CHUCK T, LLC



Principal Place of Business

C/O CHARLES TURLINSKI/MANABA
3492 SW OAK COURT
PALM CITY FL 34990

Mailing Address

C/O CHARLES TURLINSKI/MANABA
3492 SW OAK COURT
PALM CITY FL 34990



2. Principal Place of Business

22 SALAMANKA AVE

Suite, Apt. #, etc.

601

City & State

Coral Gables FL

Zip
33134-4164

Country

USA

3. Mailing Address

22 SALAMANKA AVE

Suite, Apt. #, etc.

601

City & State

Coral Gables FL

Zip
33134-4164

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

03-0507107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURLINSKI/MANABA, CHARLES
3492 SW OAK COURT
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name Charles TURLINSKI

Street Address (P.O. Box Number is Not Acceptable)

22 SALAMANKA AVE Apt 601

City

CORAL Gables

FL

Zip Code

33134-4164

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME TURLINSKI, CHARLES ☒ Delete
STREET ADDRESS 3492 SW OAK COURT
CITY-ST-ZIP PALM CITY FL 34990

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Charles TURLINSKI
STREET ADDRESS 22 SALAMANKA AVE Apt 601
CITY-ST-ZIP CORAL GABLES FL 33134-4164

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charles Turlinski

Charles TURLINSKI

3/10/06

614-332-3058

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

Date

Daytime Phone #