

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000012370

**FILED  
Jan 03, 2012  
Secretary of State**

**Entity Name:** CHASTAIN FINANCIAL LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

10741 GREY HERON COURT  
PORT ST LUCIE, FL 349863290 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 880908  
PORT ST LUCIE, FL 349880908 US

**New Mailing Address:**

**FEI Number:** 56-2333908      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHASTAIN, OWEN F SR  
10741 GREY HERON COURT  
PORT ST LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CHASTAIN, DEBORAH L MBR  
Address: 7464 SCARLET IBIS LANE  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM  
Name: CHASTAIN, OWEN F MGRM  
Address: 10741 GREY HERON COURT  
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: MGRM  
Name: CHASTAIN, HAROLD MBR  
Address: 41 TIDY ISLAND BOULEVARD  
City-St-Zip: BRADENTON, FL 34210 US

Title: MGRM  
Name: CHASTAIN, RUTH A MBR  
Address: 5202 38TH AVENUE WEST  
City-St-Zip: BRADENTON, FL 34209 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: OWEN F CHASTAIN

MGRM

01/03/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date