

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90037 020 ****50.00

60030680



01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8282014** Applied For
NOT APPLICABLE 20-8282024 Not Applicable

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

6. Name and Address of Current Registered Agent

ONDERDONK, GARY R
2601 SOUTH ROOSEVELT BOULEVARD
UNIT 605A
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ONDERDONK, GARY R**
STREET ADDRESS **2601 SOUTH ROOSEVELT BOULEVARD, UNIT 605A**
CITY-ST-ZIP **KEY WEST, FL 33040**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **513 Fleming St #14**
STREET ADDRESS **Key West, Florida**
CITY-ST-ZIP **33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Feb 10, 2007
Date Daytime Phone #