


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000014403 1. Entity Name CHARDAR ENTERPRISES, LLC	
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Principal Place of Business 11508 MOFFAT PLACE TEMPLE TERRACE, FL 33617	Mailing Address 11508 MOFFAT PLACE TEMPLE TERRACE, FL 33617
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02072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4528541	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLS, DARLENE
11508 MOFFAT PLACE
TEMPLE TERRACE, FL 33617**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLS, DARLENE C. 11508 MOFFAT PLACE TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLS, CHARLES O 11508 MOFFAT PLACE TEMPLE TERRACE, FL 33617
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02/20/08-80065-001 138.75

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:  **CHARLES O. MILLS** 2/8/08 813-263-5380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #