

FILED
Apr 26, 2004 8:00 am
Secretary of State

24055740




MOORE CR2E083 (11/03)

DOCUMENT # L03000016940

1. Entity Name

CHARDONNAY SISTERS, LLC



Principal Place of Business

Mailing Address

2001 SOUTHEAST SAILFISH POINT BLVD. #

2001 SOUTHEAST SAILFISH POINT BLVD. #

STUART FL 34996

STUART FL 34996

2. Principal Place of Business

3. Mailing Address

335 SE Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Stuart Florida

Zip

Country

Zip

Country

34994

USA

4. FEI Number

Applied For

38-3681451

Not Applicable

5. Certificate of Status Desired

Additional Fee Required

☒

\$5.00

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, DEBORAH M

Name

2001 SOUTHEAST SAILFISH POINT BLVD. #216

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

STUART FL 34996

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia Warner, Manager

4-20-04 518-656-3469

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

Date

Daytime Phone #