

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90156 026 ****50.00

DOCUMENT # L03000019654

1. Entity Name

PRESNELL CHARTERS, L.L.C.



Principal Place of Business

2141 30A
PORT SAINT JOE FL 32456

Mailing Address

75 N. SR #135 STE A
GREENWOOD IN 46142

2. Principal Place of Business

3. Mailing Address

300 S. Madison Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 401

City & State

City & State

Greenwood, IN

Zip

Country

Zip

46142

Country

USA

4. FEI Number

83-0357522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSTIN, CHARLES A
413 WILLIAMS AVENUE
PORT ST. JOE FL 32456

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

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, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME PRESNELL, KEVIN L
STREET ADDRESS 75 N. SR #135, STE A
CITY-ST-ZIP GREENWOOD IN 46142

TITLE MGRM ☒ Change ☐ Addition
NAME Kevin L Presnell
STREET ADDRESS 300 S. Madison Ave, Suite 401
CITY-ST-ZIP Greenwood, IN 46142

TITLE MGRM ☐ Delete
NAME PRESNELL, SHEILA
STREET ADDRESS 75 N. SR #135, STE A
CITY-ST-ZIP GREENWOOD IN 46142

TITLE MGRM ☒ Change ☐ Addition
NAME Sheila Presnell
STREET ADDRESS 300 S. Madison Ave Suite 401
CITY-ST-ZIP Greenwood, IN 46142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Kevin L Presnell

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

Date

Daytime Phone #