

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000020173

1. Entity Name
GARY W. CHESSMAN, DPM, PL



Principal Place of Business

**1410 W BROADWAY
102
OVIEDO, FL 32765**

Mailing Address

**1410 W. BROADWAY
102
OVIEDO, FL 32765**

DO NOT WRITE IN THIS SPACE

02182007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0035709

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHESSMAN, GARY W DPM
1410 W. BROADWAY
102
OVIEDO, FL 32765**

**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

Gary W. Chessman DPM
Signature, typed or printed name of registered agent and title if applicable.

GARY W. CHESSMAN DPM

2-20-2007

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000652203
03/12/07-80009-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHESSMAN, GARY W DPM
1410 W. BROADWAY, SUITE 102
OVIEDO, FL 32765**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 W. Chessman DPM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

GARY W. CHESSMAN DPM

2-20-2007

Date

Daytime Phone #