


FILED
Apr 14, 2008 8:00 am
Secretary of State

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DOCUMENT # L03000020791

1. Entity Name
MARIE & CHYNNA, LLC



Principal Place of Business
442 SW 1ST PLACE
CRYSTAL RIVER, FL 34429

Mailing Address
442 SW 1ST PLACE
CRYSTAL RIVER, FL 34429

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

4. FEI Number
06-1698293

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DUNS FORD, TINA ESQ
C/O AKERMAN SENTERFITT
WACHOVIA CTR, 100 S ASHLEY DR, STE 1500
TAMPA, FL 33602

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityZip CodeFL

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM LIU, ALEXANDER JR 1564 EAST BISMARCK ST. HERNANDO, FL 34442
Delete

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

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: [Signature] 04/12/2008 (352) 746-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #