

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-03-2004 90123 039 ****50.00

DOCUMENT # L03000030257 1. Entity Name CHRIST LLC.					
Principal Place of Business 2507 SE 25TH PL CAPE CORAL, FL 33904			Mailing Address 2507 SE 25TH PL CAPE CORAL, FL 33904		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0794393	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MANCARE, KHRISTOPHOR 2507 SE 25TH PL CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when releasing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANCARE, KHRISTOPHOR 2507 SE 25TH PL CAPE CORAL, FL 33904	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JADWIGA JASIK 2507 SE 25TH PL CAPE CORAL, FL 33904	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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 exemption stated in Section 119.07(3)(c), 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: <u>Man</u> MANCARE KHRISTOPHOR 4/29/04 (239)-772-5222					