

FILED
May 07, 2004 8:00 am
Secretary of State

DOCUMENT # L03000040563



Mailing Address
500HAVERHILL LANE
SAFETY HARBOR, FL 34695

3. Mailing Address
1724 Gulf to Bay Boulevard

Suite Apt # etc

04192004 Chq-LLC CR2E083 (10/03)

City & State
Clearwater, FL

4. FEI Number 500747704

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

Country USA

Zip ~~33704~~ 55

Country USA

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

Name **David A. Papa**

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

1724 Gulf to Bay Boulevard

City Clearwater

FI

Zip Code **33752**

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 _____

**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
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TITLE	MGRM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PAPA, DAVID		
STREET ADDRESS	1724 Gulf to Bay Blvd.		
CITY-ST-ZIP	Cleopatra, FL 33723-55		

TITLE	MGRM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	R. STANLEY GIPE		
STREET ADDRESS	1724 Gulf to Bay Boulevard		
CITY-ST-ZIP	Cocoa, FL 32904		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

April **27**, 2004

727-461-4357

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

Date _____

Daytime Phone # _____