

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000042026

**FILED**  
**Feb 05, 2010**  
**Secretary of State**

**Entity Name:** CHIP CALDWELL & ASSOCIATES, LLC

**Current Principal Place of Business:**

43 DOLPHIN DRIVE  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3273  
SAINT AUGUSTINE, FL 32085

**New Mailing Address:**

**FEI Number:** 56-2235991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALDWELL, CHARLES A JR.  
43 DOLPHIN DRIVE  
SAINT AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CALDWELL, CHARLES A JR.  
Address: 43 DOLPHIN DR  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: MGR  
Name: BUTLER, GREGORY  
Address: 6903 SHOREVIEW DR  
City-St-Zip: MCKINNEY, TX 75070

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: C.A. CALDWELL

MGR

02/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date