

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000049585

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** SO & NO MANAGEMENT, LLC

**Current Principal Place of Business:**

123 NORTH CONGRESS AVENUE  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

123 NORTH CONGRESS AVENUE  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 47-0935244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHANDLER, CALVIN H JR  
123 NORTH CONGRESS AVENUE  
BOYNTON BEACH, FL 33426 US

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

CHANDLER, CALVIN H JR  
6639 E CALUMET CIRCLE  
LAKE WORTH, FL 33467 US

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:** CALVIN CHANDLER

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CALVIN H CHANDLER JR LIVING TRUST  
**Address:** 123 NORTH CONGRESS AVE  
**City-St-Zip:** BOYNTON BEACH, FL 33426

**Title:** MGR  
**Name:** MOSES, DEREK  
**Address:** 2051 NW 2ND COURT  
**City-St-Zip:** BOYNTON BEACH, FL 33435

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:** CALVIN H CHANDLER, JR

MM

04/26/2011

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