

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

02-27-2004 90198 002 ****50.00

DOCUMENT # L03000055007

1. Entity Name

CHITWOOD AND COMPANY LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

545 SE CENTRAL PKW

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

STUART, FL

34994

USA

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name MARVIN CHITWOOD

Street Address (P.O. Box Number is Not Acceptable)
5653 SE LAMAR DR.

City STUART

FL

Zip Code 34997

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

MBC [Signature]

Signature, typed or printed name of registered agent and title if applicable

1.26.04

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MARVIN CHITWOOD</u> <u>545 SE CENTRAL PKW.</u> <u>STUART 34997-4</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DEIRDRE CHITWOOD</u> <u>545 SE CENTRAL PARKWAY</u> <u>STUART, FL. 34997-4</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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: MBC [Signature] MARVIN CHITWOOD

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

1.26.04 (72)220-1767

Date

Daytime Phone #

CR2E083B (12/02)