

FILED
May 02, 2005 8:00 am
Secretary of State

DOCUMENT # L04000001372

Mailing Address
P.O. BOX 3010
WINTER PARK, FL 32790-3010

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

04262005 Chq-LLC CR2E083 (10/03)

4. FEI Number

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

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

BATTAGLIA, W P
250 SOUTH PARK AVENUE, SUITE 630
WINTER PARK, FL 32789

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

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, 2005

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

	ADDITIONS / CHANGES
10.	

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

TITLE	MGR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Battaglia, W.P.		
STREET ADDRESS	PO Box 3010		
CITY - ST - ZIP	Winter Park, FL 32790		

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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

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

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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:

W.P. Battaglia, Manager 4/27/05 407-622-1700

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

Date _____

Daytime Phone #