

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005902

Entity Name: CHARLES FLETCHER, LLC

FILED  
Jan 19, 2009  
Secretary of State

## Current Principal Place of Business:

1533 DORADO DR  
B  
KISSIMMEE, FL 34741

## Current Mailing Address:

P.O. BOX 451677  
KISSIMMEE, FL 34745

## New Principal Place of Business:

6555 OLD LAKE WILSON ROAD  
157  
DAVENPORT, FL 33837

## New Mailing Address:

FEI Number: 20-0638399      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BUSH, PSYCHE  
1533 DORADO DRIVE  
B  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

BUSH, PSYCHE  
6555 OLD LAKE WILSON ROAD  
157  
DAVENPORT, FL 33837 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: PSYCHE BUSH

01/19/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete  
Name: FLETCHER, CHARLES A  
Address: 1533 DORADO DR  
City-St-Zip: KISSIMMEE, FL 34741

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition  
Name: FLETCHER, CHARLES A  
Address: 6555-157 OLD LAKE WILSON ROAD  
City-St-Zip: DAVENPORT, FL 33837

Title: OPPS ( ) Change (X) Addition  
Name: BUSH, PSYCHE  
Address: 6555-157 OLD LAKE WILSON ROAD  
City-St-Zip: DAVENPORT, FL 33837

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHARLES FLETCHER

CEO

01/19/2009

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