

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007661

FILED
Feb 12, 2009
Secretary of State

Entity Name: CHAPMAN PROPERTY SERVICES, LLC

Current Principal Place of Business:

1000 WOODBROOK DR.
LARGO, FL 33770

New Principal Place of Business:

10549 NINA ST
SEMINOLE, FL 33778

Current Mailing Address:

1000 WOODBROOK DR.
LARGO, FL 33770

New Mailing Address:

10549 NINA ST
SEMINOLE, FL 33778

FEI Number: 27-0077730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, JONATHAN S
1000 WOODBROOK DR.
LARGO, FL 33770 US

Name and Address of New Registered Agent:

CHAPMAN, JONATHAN S
10549 NINA ST
SEMINOLE, FL 33778 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:

02/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHAPMAN, JONATHAN S
Address: 1000 WOODBROOK DR
City-St-Zip: LARGO, FL 33770

Title: MGRM () Delete
Name: CHAPMAN, NANCY J
Address: 1000 WOODBROOK DR
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHAPMAN, JONATHAN S
Address: 10549 NINA ST
City-St-Zip: SEMINOLE, FL 33778

Title: MGRM (X) Change () Addition
Name: CHAPMAN, NANCY J
Address: 10549 NINA ST
City-St-Zip: SEMINOLE, FL 33778

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: JONATHAN S. CHAPMAN

MGMR

02/12/2009

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