

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90079 036 ***138.75

60041015



05012008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-0807244** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BURTON, ERIC T
5625 SOUTH HIGHWAY A1A
MELBOURNE BEACH, FL 32951

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOYNER, KRISIT L	
STREET ADDRESS	410 RIVER VIEW LANE	
CITY-ST-ZIP	MELBOURNE BCH, FL 32951	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	JOYNER, WILLIAM J	
STREET ADDRESS	410 RIVER VIEW LANE	
CITY-ST-ZIP	MELBOURNE BCH, FL 32951	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KIRCHER, CRAIG R	
STREET ADDRESS	5625 SOUTH HWY A1A	
CITY-ST-ZIP	MELBOURNE BCH, FL 32951	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KIRCHER, JANE M	
STREET ADDRESS	5625 SOUTH HWY A1A	
CITY-ST-ZIP	MELBOURNE BCH, FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 exemptions contained in Chapter 119, 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: Craig R. Kircher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/8/08 321 768 1124
Date Daytime Phone #