

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000021256

1. Entity Name

CHARLIE BISHOP LLC



Principal Place of Business

**805 OAK PARK RD.
SOPCHOPPY FL 32358**

Mailing Address

**805 OAK PARK RD.
SOPCHOPPY FL 32358**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-3149365

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISHOP, CHARLIE
805 OAK PARK RD.
SOPCHOPPY FL 32358**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	<input type="checkbox"/> Delete	TITLE	
	MGRM BISHOP, CHARLIE 805 OAK PARK RD. SOPCHOPPY FL 32358	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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01/26/07-80058-007 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charlie Bishop *Charlie Bishop* 1-22-07 570-5151

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

Date

Daytime Phone #