


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90061 026 ****50.00

DOCUMENT # L04000025612 1. Entity Name RENAR CHARTER SERVICES, LLC			
Principal Place of Business 3350 N.W. ROYAL OAK WAY JENSEN BEACH, FL 34957 US		Mailing Address 3350 N.W. ROYAL OAK WAY JENSEN BEACH, FL 34957 US	
2. Principal Place of Business - No P.O. Box # 3731 NE PINEAPPLE AVE. Suite, Apt. #, etc. SUITE C200 City & State JENSEN BEACH, FL Zip 34957 Country USA		3. Mailing Address 3731 N.E. PINEAPPLE AVE. Suite, Apt. #, etc. SUITE C200 City & State JENSEN BEACH, FL Zip 34957 Country USA	
4. FEI Number 35-2228480		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02122007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent FOX, M LANNING 3473 S.E. WILLOUGHBY BLVD. STUART, FL, FL 34994		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM <input type="checkbox"/> Delete NAME DOSS, ARDEN JR. STREET ADDRESS 3350 N.W. ROYAL OAK WAY CITY - ST - ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3731 NE PINEAPPLE AVE. - SUITE C200 JENSEN BEACH, FL 34957	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Arden Doss Jr.</u>		Date <u>4/24/07</u> Daytime Phone # <u>772-692-7800</u>	