

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000029343

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** CHANDE ASSOCIATES, LLC

**Current Principal Place of Business:**

BLDG. 1 CONDO 107  
1001 WEST OCEAN DRIVE  
KEY COLONY BEACH, FL 33051

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DR. CHARLES A. NEIDITZ  
67 GATE RIDGE ROAD  
FAIRFIELD, CT 06825

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEIDITZ, CHARLES A DR  
BLDG. 1 CONDO 107  
1001 WEST OCEAN DRIVE  
KEY COLONY BEACH, FL 33051 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** NEIDITZ, CHARLES A DR  
**Address:** 67 GATE RIDGE ROAD  
**City-St-Zip:** FAIRFIELD, CT 06825

**Title:** MGRM  
**Name:** NEIDITZ, SANDRA  
**Address:** 67 GATE RIDGE ROAD  
**City-St-Zip:** FAIRFIELD, CT 06825

I hereby 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 NEIDITZ

MGRM

01/08/2011

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