

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90031 047 ****50.00

DOCUMENT # L04000032843

1. Entity Name

CHEE CARNALL, LLC



Principal Place of Business

1853 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

Mailing Address

1853 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

01-0814784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE SEGAL & BARRIOS, P.A.
4300 N. UNIVERSITY DRIVE
SUITE A-106
FORT LAUDERDALE FL 33351

Name
Levine Segal & Barrios, P.A.

Street Address (P.O. Box Number is Not Acceptable)

790 E. Broward Blvd.

Suite 302

City

Ft. Lauderdale

FL

Zip Code

33301

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, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BROWN, JESSICA S
STREET ADDRESS 11721 W. ATLANTIC BLVD., SUITE 34
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE MGRM ☒ Change ☐ Addition
NAME Carnall, Jessica S
STREET ADDRESS 11721 W. Atlantic Blvd Suite 34
CITY-ST-ZIP Coral Springs FL 33071

TITLE MGRM ☐ Delete
NAME CARNALL, JOSEPH G
STREET ADDRESS 11721 W. ATLANTIC BLVD, SUITE 34
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME CARNALL, WILLIAM G
STREET ADDRESS 6704 STARDUST
CITY-ST-ZIP N. LAUDERDALE FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

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

Date

Daytime Phone #

2/28/05 (954) 346-6666