

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90481 047 \*\*\*\*50.00

60022354




01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2173435 Applied For Not Applicable

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

DOCUMENT # L04000039065

1. Entity Name  
835 CHENEY, LLC



Principal Place of Business 1055 CHENEY HIGHWAY TITUSVILLE, FL 32780

Mailing Address 1055 CHENEY HIGHWAY TITUSVILLE, FL 32780

2. Principal Place of Business - No P.O. Box #  
835 Cheney Hwy.  
Suite, Apt. #, etc.  
Suite A  
City & State  
Titusville, FL  
Zip  
32780  
Country  
USA

3. Mailing Address  
835 Cheney Hwy.  
Suite, Apt. #, etc.  
Suite A  
City & State  
Titusville, FL  
Zip  
32780  
Country  
USA

6. Name and Address of Current Registered Agent  
BAKER, MICHELLE A  
1055 CHENEY HIGHWAY  
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent  
Name  
BAKER, MICHELLE A.  
Street Address (P.O. Box Number is Not Acceptable)  
835 Cheney Hwy.  
Suite A  
City  
Titusville  
FL  
Zip Code  
32780

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 *Michelle A. Baker* DATE 3/7/07

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, MICHELLE A 1055 CHENEY HIGHWAY TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, MICHELLE A 835 Cheney Hwy, Suite A Titusville, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Michelle A. Baker* Date: 3/7/07 Daytime Phone #: 321-269-3080

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