

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # L04000042132

**Mailing Address**  
**11300 FOURTH STREET NORTH STE. 200**  
**ST. PETERSBURG, FL 33716**

3. Mailing Address  
9600 Koger Blvd.  
Suite, Apt. #, etc.

105  
City & State  
St. Petersburg, Fl.  
Zip 33702 Country US

04202006 Chq-LLC CR2E083 (11/05)

4. FEI Number  
55-0871215

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**

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

9600 Koger Blvd. Ste 105		
City	St. Petersburg, FL	Zip Code 33702

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 reinstalling)

DATE \_\_\_\_\_

**Make check payable to  
Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS
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ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	MEMBER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Fitching Robert		
STREET ADDRESS	9600 Koger Blvd. Ste 105		
CITY-ST-ZIP	St Petersburg FL 33703		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:**

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

Date \_\_\_\_\_

Daytime Phone #