

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90183 035 \*\*\*\*50.00

DOCUMENT # L04000056594

1. Entity Name  
 CYGNET & CHATTE, LLC

Principal Place of Business  
 12068 GLENMORE DRIVE  
 CORAL SPRINGS, FL 33071

Mailing Address  
 12068 GLENMORE DRIVE  
 CORAL SPRINGS, FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1551445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

**SINGER**  
**SINERG, BONNIE K**  
 12068 GLENMORE DRIVE  
 CORAL SPRINGS, FL 33071

Name

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

City

FL

Zip Code

## 7. Name and Address of New Registered Agent

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

Filing Fee is \$50.00  
 Due by May 1, 2005

Make check payable to  
 Florida Department of State

## 9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete  
 NAME SINGER, BONNIE  
 STREET ADDRESS 12068 GLENMORE DRIVE  
 CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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 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: *Bonnie K. Singer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1.10.05 954.344.8333

Date

Daytime Phone #