

MAY-25-2005 14:21

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90426 004 ****58.75

20059772



05252005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1442152** 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

GRANT, MELTON
209 NE 5TH AVE.
OKEECHOBEE, FL 34974

Name

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

City

FL

Zip Code

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 type if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

Filing Fee is \$50.00
Due by September 7, 2005
58.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM						
	GRANT, MELTON						
	209 NE 5TH AVE.						
	OKEECHOBEE, FL 34974						
	MGRM						
	GRANT, NYSOLA						
	209 NE FIFTH AVE.						
	OKEECHOBEE, FL 34974						

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

6.01.2005

Date

863-763-8839

Daytime Phone #