

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057876

Entity Name: CHAIYO, LLC

FILED  
Apr 06, 2009  
Secretary of State

**Current Principal Place of Business:**

14800 SOUTH MILITARY TRAIL  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

14800 SOUTH MILITARY TRAIL  
DELRAY BEACH, FL 33484

**New Mailing Address:**

FEI Number: 20-1444597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NARAPANYA, NIRAN  
14800 SOUTH MILITARY TRAIL  
DELRAY BEACH, FL 33484 US

**Name and Address of New Registered Agent:**

NARAPANYA, NIRAN  
5630 WEST ATLANTIC AVE  
106  
DELRAY BEACH, FL 33484 US

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.

SIGNATURE:

04/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NARAPANYA, NIRAN  
Address: 14800 SOUTH MILITARY TRAIL  
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGR ( ) Delete  
Name: SUNANTAPRAWHIT, CHOKCHAI  
Address: 14800 SOUTH MILITARY TRAIL  
City-St-Zip: DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NARAPANYA, NIRAN  
Address: 5630 WEST ATLANTIC AVE # 106  
City-St-Zip: DELRAY BEACH, FL 33484

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NIRAN NARAPANYA

MGR

04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date