

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000067008

1. Entity Name
CHARTER FINANCIAL SERVICES, LLC



Principal Place of Business
217 S. ALCANIZ STREET
PENSACOLA, FL 32502

Mailing Address
217 S. ALCANIZ STREET
PENSACOLA, FL 32502



08072006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1695503

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LACKEY, WILLIAM R
217 S. ALCANIZ STREET
PENSACOLA, FL 32502

**DO NOT WRITE
IN THIS SPACE**

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

William R Lackey
Signature, typed or printed name of registered agent and title if applicable.

WILLIAM R LACKEY
(NOTE: Registered Agent signature required when registering)

8/7/06
DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

000000574019
08/10/06-800003-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LACKEY, WILLIAM R
217 S. ALCANIZ STREET
PENSACOLA, FL 32502

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

William R Lackey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/7/06
Date

Date

(850) 968-7518
Daytime Phone #

Daytime Phone #