

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90018 038 ***138.75

DOCUMENT # L04000080091

1. Entity Name
CHATEAU DE VILLE OF TALLAHASSEE, LLC



Principal Place of Business

117 E. GEORGIA ST.
536 NORTH MONROE STREET
TALLAHASSEE, FL 32301

Mailing Address

C/O COASTAL PROPERTY SERVICES, INC.
117 E. GEORGIA ST.
TALLAHASSEE, FL 32301

60000637



2. Principal Place of Business - No P.O. Box #
117 E Georgia St
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

01042008 Chg-LLC CR2E083 (12/06)

City & State
Tallahassee FL
Zip
32301 - Country
USA

City & State

Zip

Country

4. FEI Number
20-1983467

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COASTAL PROPERTY SERVICES, INC.
536 NORTH MONROE STREET
TALLAHASSEE, FL 32301 *117 E Georgia St*

7. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CHATEAU MANAGERS, LLC
117 E. GEORGIA ST
TALLAHASSEE, FL 32301 ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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 #

1/7/08

850 259 025