

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90256 031 ****50.00

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1. Entity Name
CHATEAUX LAWSON, LLC



Principal Place of Business

1300 BEN FRANKLIN DR
APT 505
SARASOTA, FL 34236

Mailing Address

1300 BEN FRANKLIN DR
APT 505
SARASOTA, FL 34236

60037894



DO NOT WRITE IN THIS SPACE

03222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
40-9906249

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWSON, LORI A
1300 BEN FRANKLIN DR, APT 505
SARASOTA, FL 34236

**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 _____

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LAWSON, LORI A
STREET ADDRESS 1300 BEN FRANKLIN DR, APT 505
CITY-ST-ZIP SARASOTA, FL 34236

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IN THIS SPACE**

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: ✓ *L. A. Lawson*

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

Date

Daytime Phone #

April 14, 2007 941-388-2673