

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90048 012 \*\*\*138.75

**DOCUMENT # L05000009046**

1. Entity Name  
WW CHASE RENTAL/INVESTMENTS GROUP LLC



Principal Place of Business  
11 SAN MARCO ST., #1405  
CLEARWATER BEACH, FL 33767

Mailing Address  
11 SAN MARCO ST., #1405  
CLEARWATER BEACH, FL 33767

60000215



01032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CHASE, WALTER W  
11 SAN MARCO ST., #1405  
CLEARWATER BEACH, FL 33767

**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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME CHASE, WALTER W  
STREET ADDRESS 11 SAN MARCO ST., #1405  
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

TITLE MGR  
NAME CHASE, JUDY  
STREET ADDRESS 11 SAN MARCO ST., #1405  
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:**

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

Date

Daytime Phone #

*Walter W. Chase* 1-3-2008 727-447-3223