

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037181

Entity Name: CHASE AMERICA, LLC

FILED
Aug 28, 2008
Secretary of State

Current Principal Place of Business:

20401 NW 2 AVENUE
209
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 801221
MIAMI, FL 33280 US

New Mailing Address:

PO BOX 802131
MIAMI, FL 33280 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KOLODNY, ERIC
20401 NW 2 AVENUE
209
MIAMI, FL 33169 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOLODNY, ERIC
Address: PO BOX 802131
City-St-Zip: MIAMI, FL 33280 US

Title: SEC () Delete
Name: GRAVES, V, HENRY B
Address: 20401 NW 2 AVENUE
City-St-Zip: MIAMI, FL 33169 US

Title: TRES () Delete
Name: GRAVES, V, HENRY B
Address: 20401 NW 2 AVENUE
City-St-Zip: MIAMI, FL 33169 US

ADDITIONS/CHANGES:

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

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

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: ERIC KOLODNY

MGRM

08/28/2008

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