

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000040215

1. Entity Name
BELGLADES CHICKEN, LLC



Principal Place of Business

**11985 COLLIER BLVD
SUITE 9
NAPLES, FL 34116**

Mailing Address

**11985 COLLIER BLVD
SUITE 9
NAPLES, FL 34116**



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

27-0121474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PAUL A. MURRAY, P.A.
5667 NAPLES BLVD.
NAPLES, FL 34109**

**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	MGRM
NAME	BOHAYCHYK, CHARLES III
STREET ADDRESS	5939 GOLDEN OAKS LN
CITY-STATE-ZIP	NAPLES, FL 34119
TITLE	MGRM
NAME	BOHAYCHYK, MICHAEL
STREET ADDRESS	2736 ISLAND POND LN
CITY-STATE-ZIP	NAPLES, FL 34119
TITLE	MGRM
NAME	BOHAYCHYK, CHARLES IV
STREET ADDRESS	5939 GOLDEN OAKS LN
CITY-STATE-ZIP	NAPLES, FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/06/07-80003-004 50.00

**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 #

MICHAEL P. BOHAYCHYK 2/17/07 239-530-2357