

FILED
May 01, 2006 8:00 am
Secretary of State

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03092006 Chq-LLC CR2E083 (11/05)

4. FEI Number	Applied For
	✓ Not Applicable

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

Principal Place of Business	Mailing Address
1435 LARKSPUR DRIVE FORT MYERS, FL 33901	1435 LARKSPUR DRIVE FORT MYERS, FL 33901

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>N/A</i>		Suite, Apt. #, etc. <i>N/A</i>	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
STEWART, WILLIAM L 1435 LARKSPUR DRIVE FORT MYERS, FL 33901	Name
	Street Address
	City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent and agrees to be bound by the obligations of registered agent.


SIGNATURE _____ (NOTE: Registered Agent signature required)

Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by May 1, 2006	
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[illegible]

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as if I am a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 11 of the Bankruptcy Code.

SIGNATURE: 

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

7. Name and Address of New Registered Agent

O. Box Number is Not Acceptable)

NA

FL Zip Code

When reissuing) DATE

**Make check payable to
Florida Department of State**

[illegible]

Chapter 119, Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the or 608, Florida Statutes.

3/12/06 239-672-0187

TATIVE Date Daytime Phone #