

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095530

FILED  
Apr 05, 2009  
Secretary of State

**Entity Name:** CHARLES ROBERT SCHAFFER, LLC

**Current Principal Place of Business:**

3002 KINGS HARBOUR RD.  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

3002 KINGS HARBOUR RD.  
PANAMA CITY, FL 32405

**New Mailing Address:**

**FEI Number:** 61-1493209

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHAFFER, CHARLES R  
3002 KINGS HARBOUR RD.  
PANAMA CITY, FL 32405 US

**Name and Address of New Registered Agent:**

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: MR ( ) Delete  
Name: SCHAFFER, CHARLES R  
Address: 3002 KINGS HARBOUR RD.  
City-St-Zip: PANAMA CITY, FL 32405 US

**ADDITIONS/CHANGES:**

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: CHARLES R. SCHAFFER

MR.

04/05/2009

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