

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000107467

1. Entity Name
CHAO TENGA, LLC



FILED

2008 NOV -4 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
385 COMMERCE WAY
LONGWOOD, FL 32750

Mailing Address
385 COMMERCE WAY
LONGWOOD, FL 32750

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10152008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3782286

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DULIN, RAMSEY W ESQ.
201 EAST PINE STREET, SUITE 425
ORLANDO, FL 32801-2717

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
SCHIANO, BIAGIO
STREET ADDRESS
385 COMMERCE WAY
CITY-ST-ZIP
LONGWOOD, FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500137632195
11/04/08--01049--001 **50.00

TITLE
NAME
~~MGRM~~
~~CHAO TENGA~~
STREET ADDRESS
~~2705 MAITLAND CROSSING WAY~~
CITY-ST-ZIP
~~ORLANDO, FL 32810~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
MGRM
SCHIANO, MICHELINA
STREET ADDRESS
VIA SILE ITALICO 139
CITY-ST-ZIP
BAGOLI, 80070 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Biagio Schiano, MMBR

10/16/08

407/830-5338

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

Date

Daytime Phone #