

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2008 8:00 am
Secretary of State

08-15-2008 90025 038 ***538.75

DOCUMENT # L05000112950

1. Entity Name
CHALLENGER SIX INVESTMENT, LLC



Principal Place of Business
9681 GLADIOLUS DR.
SUITE 211
FORT MYERS, FL 33908 US

Mailing Address
9681 GLADIOLUS DR.
SUITE 211
FORT MYERS, FL 33908 US

50009530

2. Principal Place of Business - No P.O. Box #
11149 Harbour Yacht Ct.

3. Mailing Address
11149 Harbour Yacht Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08132008 Chg-LLC CR2E083 (12/06)

City & State
Fort Myers, FL

City & State
Fort Myers, FL

4. FEI Number
20-3879464

Applied For
Not Applicable

Zip
33908

Country
US

Zip
33908

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINESETT, RICHARD W
2248 FIRST STREET
FORT MYERS, FL 33901

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

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MULLINS, WILLIAM K
9681 GLADIOLUS DR., SUITE 211
FORT MYERS, FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
11149 Harbour Yacht Ct.
Fort Myers, FL 33908

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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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.

239-273-6071

SIGNATURE:

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

William K. Mullins, MGR 8/13/08

Date

Daytime Phone #