

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119185

Entity Name: CHARLES S. SCHMIDT JR., LLC

FILED
Mar 20, 2006
Secretary of State

Current Principal Place of Business:

6303 GOETHE ST
#102
ORLANDO, FL 32835 US

New Principal Place of Business:

1003 S. KIRKMAN RD.
#201
ORLANDO, FL 32811 US

Current Mailing Address:

6303 GOETHE ST
#102
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 20-3942354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, CHARLES
6303 GOETHE ST
#102
ORLANDO, FL 32835 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: MGRM () Delete
Name: SCHMIDT, CHARLES
Address: 6303 GOETHE ST #102
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM () Delete
Name: STURROCK, MARIA
Address: 6303 GOETHE ST #102
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM () Delete
Name: SMITH, REBECCA
Address: 7742 CLEVEDON ST.
City-St-Zip: ST LOUIS, MO 63123 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MBR (X) Change () Addition
Name: SMITH, REBECCA
Address: 6303 GOETHE ST #102
City-St-Zip: ORLANDO, FL 32835 US

I hereby certify that the information supplied with this filing does not qualify for the 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 SCHMIDT

MGRM

03/20/2006

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