## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## May 15, 2007 8:00 am **Secretary of State DOCUMENT # L06000012018** 1. Entity Name 05-15-2007 90151 035 \*\*\*\*55.00 CHAD & CHAS, LLC Principal Place of Business Mailing Address 6152 279TH STREET EAST 6152 279TH STREET EAST MYAKKA CITY, FL 34251 MYAKKA CITY, FL 34251 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCLEOD, CHARLES E JR Street Address (P.O. Box Number is Not Acceptable) 6152 279TH STREET EAST MYAKKA CITY, FL 34251 City 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) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Addition □ Change NAME MCLEOD, CHARLES E JR NAME STREET ADDRESS 6152 279TH STREET EAST STREET ADDRESS CITY-ST-ZIP MYAKKA CITY, FL 34251 CITY-ST-7IP MGRM TITLE ☐ Delete TITLE Channe Addition NAME BALLARD, CLYDE E JR NAME STREET ADDRESS 6152 279TH STREET EAST STREET ADDRESS CITY-ST-ZIP MYAKKA CITY, FL 34251 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

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