

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

05-23-2007 90215 024 ****50.00

DOCUMENT # L06000029329

1. Entity Name
CHITTICK CONSTRUCTION AND WOODWORKING LLC



Principal Place of Business
**145 RUSTY GANS DRIVE
PANAMA CITY BEACH, FL 32408 US**

Mailing Address
**145 RUSTY GANS DRIVE
PANAMA CITY BEACH, FL 32408 US**

QU110111



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05222007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
87-0793837

Applied For
Not Applicable

Zip Country

Zip Country

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

**CHITTICK, ALAN
145 RUSTY GANS DRIVE
PANAMA CITY BEACH, FL 32408**

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

**Filing Fee is \$50.00
Due by September 14, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHITTICK, ALAN
145 RUSTY GANS DRIVE
PANAMA CITY BEACH, FL 32408** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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:

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

5/23/07

Date

850 624-2421

Daytime Phone #