

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90103 031 ****50.00

DOCUMENT # L06000030690

1. Entity Name
FLAGLER CHAMBER PHONE BOOK, L.L.C.



Principal Place of Business
20 AIRPORT ROAD
PALM COAST, FL 32164

Mailing Address
20 AIRPORT ROAD
PALM COAST, FL 32164

60055770



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

3. Mailing Address

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

08292007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-4564365

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

CHIUMENTO & ASSOCIATES, P.A.
4 OLD KINGS ROAD NORTH, SUITE B
PALM COAST, FL 32137

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

N/A
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
FLAGLER COUNTY CHAMBER OF COMMERCE, INC.
20 AIRPORT ROAD
PALM COAST, FL 32164

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
suitec

☐ Change

☒ Addition

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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

Date

Daytime Phone #

Jan Walsh *Lauren Walsh* 9/5/07 386-437-0106