

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052488

FILED
Feb 24, 2009
Secretary of State

Entity Name: CHIVERS LLC

Current Principal Place of Business:

42 OCEAN DRIVE
JUPITER, FL 33469

New Principal Place of Business:

Current Mailing Address:

42 OCEAN DRIVE
JUPITER, FL 33469

New Mailing Address:

FEI Number: 22-3932691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIVERS, TRACI B
42 OCEAN DR
JUPITER, FL 33469 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: MGR () Delete
Name: CHIVERS, JAMES T
Address: 42 OCEAN DRIVE
City-St-Zip: JUPITER, FL 33469

Title: MGR () Delete
Name: CHIVERS, TRACI B
Address: 42 OCEAN DRIVE
City-St-Zip: JUPITER, FL 33469

Title: S () Delete
Name: CHIVERS, TRACI B
Address: 42 OCEAN DRIVE
City-St-Zip: JUPITER, FL 33469

Title: T () Delete
Name: CHIVERS, JAMES T
Address: 42 OCEAN DRIVE
City-St-Zip: JUPITER, FL 33469

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TRACI CHIVERS

MGR

02/24/2009

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