


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90181 021 \*\*\*\*55.00


<b>DOCUMENT #</b> L06000062350	
<b>1. Entity Name</b> CHARO LLC	

<b>Principal Place of Business</b> 1695 BULEVAR MAYOR PENSACOLA BEACH, FL 32561	<b>Mailing Address</b> 1695 BULEVAR MAYOR PENSACOLA BEACH, FL 32561
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<b>2. Principal Place of Business - No P.O. Box #</b> 1695 Bulevar Mayor Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1695 Bulevar Mayor Suite, Apt. #, etc.
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<b>City &amp; State</b> Pensacola Beach FL	<b>City &amp; State</b> Pensacola Beach FL
<b>Zip</b> 32561	<b>Country</b> Escambia

**60035480**



01102007 Chg-LLC CR2E083 (12/06)

<b>FEI Number</b> 20-5230708	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> ROTEBERRY, RODNEY C 1695 BULEVAR MAYOR PENSACOLA BEACH, FL 32561	<b>7. Name and Address of New Registered Agent</b> Name: <u>Rodney Charles Rotenberry</u> Street Address (P.O. Box Number is Not Acceptable): <u>1695 Bulevar Mayor</u> City: <u>Pensacola Beach FL</u> <b>FL</b> <u>32561</u>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee Is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROTEBERRY, RODNEY C 1695 BULEVAR MAYOR PENSACOLA BEACH, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Rodney C Rotenberry **4-10-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #