

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096716

Entity Name: CHARTER EXPERTS, LLC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

8490 ROSE TERR. NO.
LARGO, FL 33777

New Principal Place of Business:

11116 118TH ST
SEMINOLE, FL 33778

Current Mailing Address:

8490 ROSE TERR. NO.
LARGO, FL 33777

New Mailing Address:

11116 118TH ST
SEMINOLE, FL 33778

FEI Number: 20-5647006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELGADO, IRVING D
8490 ROSE TERR. NO.
LARGO, FL 33777 US

Name and Address of New Registered Agent:

DELGADO, IRVING D
11116 118TH ST
SEMINOLE, FL 33778 US

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: IRVING D DELGADO

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DELGADO, IRVING D
Address: 8490 ROSE TERR. NO.
City-St-Zip: LARGO, FL 33777

Title: MGRM () Delete
Name: DELGADO, MELODY M
Address: 8490 ROSE TERR. NO.
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DELGADO, IRVING D
Address: 11116 118TH ST
City-St-Zip: SEMINOLE, FL 33778

Title: MGRM (X) Change () Addition
Name: DELGADO, MELODY M
Address: 11116 118TH ST
City-St-Zip: SEMINOLE, FL 33778

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: IRVING D DELGADO

MGRM

04/29/2008

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