

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110305

Entity Name: CHARM, LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

201 W STATE ROAD 434
WINTER SPRINGS, FL 32708

New Principal Place of Business:

707 W CANTON AVENUE
WINTER PARK, FL 32789

Current Mailing Address:

201 W STATE ROAD 434
WINTER SPRINGS, FL 32708

New Mailing Address:

707 W CANTON AVENUE
WINTER PARK, FL 32789

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAUB, CARRIE L
201 W STATE ROAD 434
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

STRAUB, CARRIE L
707 W CANTON AVENUE
WINTER PARK, FL 32789 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: CARRIE STRAUB

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JACOB, MARK J
Address: 201 W SR 434
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Delete
Name: STRAUB, CARRIE L
Address: 201 W SR 434
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JACOB, MARK J
Address: 707 W CANTON AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: MGR (X) Change () Addition
Name: STRAUB, CARRIE L
Address: 707 W CANTON AVENUE
City-St-Zip: WINTER PARK, FL 32789

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: CARRIE STRAUB

MGR

04/13/2009

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