

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90173 014 ***138.75

60015563

DOCUMENT # L06000114125

1. Entity Name
AMERICHASE #2, LLC



Principal Place of Business
**1910 82ND AVENUE, SUITE 202
VERO BEACH, FL 32966**

Mailing Address
**1910 82ND AVENUE, SUITE 202
VERO BEACH, FL 32966**

DO NOT WRITE IN THIS SPACE



02012008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-5957658

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NORMAN, KENNETH A
2400 S.E. FEDERAL HIGHWAY, FOURTH FLOOR
STUART, FL 34994**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CHASE, DAVID B
STREET ADDRESS	3201 CARDINAL DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	MGR
NAME	ADAMS, JAMES R
STREET ADDRESS	1910 82ND AVENUE, SUITE 202
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #