


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90084 042 ****50.00

DOCUMENT # L06000121527		
1. Entity Name BLUE CHAIR PRODUCTIONS LIMITED LIABILITY COMPANY		

Principal Place of Business 3437 COVE CT. MELBOURNE, FL 32935	Mailing Address 3437 COVE CT. MELBOURNE, FL 32935
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60055456

2. Principal Place of Business - No P.O. Box # 3437 Cove Ct	3. Mailing Address 3437 Cove Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.



08022007 Chg-LLC CR2E083 (12/06)

City & State Melbourne, Fla.	City & State Melbourne, Fla.	4. FEI Number 38-3748002	Applied For Not Applicable
Zip 32935	Country USA	Zip 32935	Country USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SNYDER, JOHN W 3437 COVE CT. MELBOURNE, FL 32935	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	N/A
City	FL Zip Code

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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNYDER, JOHN W 3437 COVE CT. MELBOURNE, FL 32935 <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	MGRM ATKINS-SNYDER, JEAN I 3437 COVE CT. MELBOURNE, FL 32935 <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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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: Jean Atkins-Snyder Date: Aug 30, '07 321-242-0115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #