

FILED
Mar 07, 2008 8:00 am
Secretary of State

UUU UU UU

02072008 Chq-LLC CR2E083 (12/06)

4. FEI Number		Applied For
20-8459762		Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMIDT, TIM
4312 PINELAKE DR
ST. CLOUD, FL 34769

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div> <div>FL</div> <div>Zip Code</div> </div>

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

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

9.		MANAGING MEMBERS/MANAGERS		10.		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST - ZIP	MGR SCHMIDT, TIM 4312 PINELAKE DR ST. CLOUD, FL 34769	<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: Tim Schmidt Tim Schmidt 3/4/08 407 346 1905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #