## **2008 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT** DOCUMENT # L07000007606



**FILED** Jan 10, 2008 8:00 am Secretary of State

1. Entity Nam CHELSE		E MEETINGS, LLC	01-10-2008 90019 035 ***138.75								
Principal Place of Business 424 CHELSEA PLACE AVENUE ORMOND BEACH, FL 32174			Mailing Address 424 CHELSEA PLACE AVENUE ORMOND BEACH, FL 32174							wasto or island	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01072008	01072008 Chg-LLC CR2E083 (12/06)				
City & State			City & State			4. FEI Numbe	я			oplied For ot Applicable	
Zip			Zip	Country		<u> </u>	of Status Desired	LJ F	5.00 Add		
Name and Address of Current Registered Agent					Name	7. Name and	Address of New R	egistered Ag	ent		
OXFELD, ERIC 424 CHELSEA PLACE AVENUE ORMOND BEACH, FL 32174			Street Add		Street Address	s (P.O. Box Number is Not Acceptable)					
	<u> </u>	, =			City			FL	Zip Cod	l <del>e</del>	
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 Signeture, 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 MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	, ERIC LSEA PLACE AVENUE D BEACH, FL 32174	□ Delete		1			[	☐ Change	☐ Addition	
TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP			☐ Delete		I .			[	) Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Detete		ľ	*****		[	Change	Addition	
HTLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Oelete					[	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delæte		l l			(	Change	Addition	
TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP			☐ Delete					[	Change	Addition	
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.											

1/8/2008 386-677-1041