

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011432

Entity Name: C.H.E.S., LLC

FILED  
Jan 04, 2008  
Secretary of State

**Current Principal Place of Business:**

205 S. TRASK STREET  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

205 S. TRASK STREET  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 20-8401794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FERNANDEZ, JOEL  
509 S. ARMENIA AVENUE  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

FERNANDEZ, JOEL  
205 S. TRASK STREET  
TAMPA, FL 33609 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: JOEL FERNANDEZ

01/04/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FERNANDEZ, JOEL  
Address: 205 S. TRASK STREET  
City-St-Zip: TAMPA, FL 33609

Title: MGRM ( ) Delete  
Name: APONTE, LEYLA M  
Address: 205 S. TRASK STREET  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOEL FERNANDEZ

MGRM

01/04/2008

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