

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013026

Entity Name: CHISOX, LLC

FILED
Jan 23, 2009
Secretary of State

Current Principal Place of Business:

1520 3RD STREET CIRCLE EAST
PALMETTO, FL 34221 US

New Principal Place of Business:

130 RIVIERA DUNES WAY #303
PALMETTO, FL 34221 US

Current Mailing Address:

1520 3RD STREET CIRCLE EAST
PALMETTO, FL 34221 US

New Mailing Address:

130 RIVIERA DUNES WAY #303
PALMETTO, FL 34221 US

FEI Number: 20-8410611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEEBLES & MORIARTY, P.A.
1111 3RD AVENUE WEST
SUITE 210
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PETTENON, ROBERT
Address: 1520 3RD STREET CIRCLE EAST
City-St-Zip: PALMETTO, FL 34221 US

Title: MGRM () Delete
Name: KIERZKOWSKI, GREG
Address: 2010 S. GOEBBERT RD.
City-St-Zip: ARLINGTON HEIGHTS, IL 60005 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PETTENON, ROBERT
Address: 130 RIVIERA DUNES WAY #303
City-St-Zip: PALMETTO, FL 34221 US

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: BRENDEN MORIARTY AS ATTY IN FACT

MGRM

01/23/2009

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