

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000029776

**FILED**  
**May 07, 2009**  
**Secretary of State**

**Entity Name:** CHISHOLM INVESTMENTS & FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

4905 LAKE LAWNE AVE  
ORLANDO, FL 32808

**New Principal Place of Business:**

4509 LAKE LAWNE AVE  
ORLANDO, FL 32808

**Current Mailing Address:**

4905 LAKE LAWNE AVE  
ORLANDO, FL 32808

**New Mailing Address:**

4509 LAKE LAWNE AVE  
ORLANDO, FL 32808

FEI Number: 30-0420836      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CHISHOLM, JUAN P  
4905 LAKE LAWNE AVE  
ORLANDO, FL 32808    US

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

CHISHOLM, JUAN P  
4509 LAKE LAWNE AVE  
ORLANDO, FL 32808    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: JUAN P. CHISHOLM

05/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CHISHOLM, JUAN P  
Address: 4509 LAKE LAWNE AVE  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES:**

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: JUAN CHISHOLM

MGRM

05/07/2009

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