## 2008 LIMITED LIABILITY COMPANY

## Feb 15, 2008 8:00 am **Secretary of State ANNUAL REPORT** 02-15-2008 90055 023 \*\*\*138.75 DOCUMENT # L07000030569 PROJECT CONTROLS / MANAGEMENT OF TENNESSEE. Principal Place of Business Mailing Address 60008504 7524 MUNICIPAL DRIVE **7524 MUNICIPAL DRIVE** ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9005 OVERLOOK BLUD. Suite, Apt. #, etc. Suite, Apt. #, etc. 02052008 Cha-LLC CR2E083 (12/06) Applied For City & State City & State FEI Number BRENTWOOD 56-2653955 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RILEY, DAVID Street Address (P.O. Box Number is Not Acceptable) 7524 MUNICIPAL DRIVE ORLANDO, FL 32819 Zip Code 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, 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Change TITLE TITLE Addition Delete RILEY, DAVID NAME NAME STREET ADDRESS 1344 COUNTRY RIDGE PLACE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP MGRM TITLE ☐ Delete Change Addition MOYNIHAN, FRANCIS NAME NAME STREET ADDRESS 6628 SUGARBUSH DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP MGRM ☐ Change TITLE ☐ Delete TITLE Addition NAME RADCLIFF, DANIEL NAME STREET ADDRESS 124 COUNTY LAKES CIRCLE STREET ADDRESS CITY-ST-ZIP GROVELAND, FL 34736 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE 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 regurable by Chapter 608, Florida Statutes.

NAME

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-\$T-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER.

NAGER, OR AUTHORIZED REPRESENTATIVE

Change

Addition

**FILED**