

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039047

Entity Name: CHAZGUERNSEY LLC

FILED  
Jan 15, 2009  
Secretary of State

**Current Principal Place of Business:**

9310 US HIGHWAY 192  
SUITE 6. ZAK CENTER  
FLORIDA, US 34714 US

**New Principal Place of Business:**

**Current Mailing Address:**

9310 US HIGHWAY 192  
SUITE 6. ZAK CENTER  
FLORIDA, US 34714 US

**New Mailing Address:**

FEI Number: 33-1160978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SIMON, CHARLES J  
9310 US HIGHWAY 192  
SUITE 6. ZAK CENTER  
CLERMONT, FL 34714 US

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

SIMON, CHARLES J MR  
9310 US HIGHWAY 192  
SUITE 6. ZAK CENTER  
CLERMONT, FL 34714 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: CHARLES J. SIMON

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SIMON, CHARLES J  
Address: 9310 US HIGHWAY 192, SUITE 6. ZAK CENTER  
City-St-Zip: CLERMONT, FL 34714 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SIMON, CHARLES J MR  
Address: 9310 US HIGHWAY 192, SUITE 6. ZAK CENTER  
City-St-Zip: CLERMONT, FL 34714 US

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: CHARLES J. SIMON

MGR

01/15/2009

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