2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

02-14-2008-90076 012 ***138.75
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000050350

1. Entity Name
ALVIN CHAPMAN REPAIRS LLC

Principal Place of Business	Mailing Address
13208 2ND ST.S.E. FT. MYERS, FL 33905	13208 2ND ST.S.E. FT. MYERS, FL 33905

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01142008   Chg-LLC   CR2E083 (12/06)

4. FEI Number   65-1308357   ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHAPMAN, COLLEEN 13208 2ND ST.S.E. FT. MYERS, FL 33905	Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____
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

9.	MANAGING MEMBERS / MANAGERS		10.		ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	CHAPMAN, ALVIN L		NAME				
STREET ADDRESS	13208 2ND ST.S.E.		STREET ADDRESS				
CITY-ST-ZIP	FT. MYERS, FL 33905		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
NAME			NAME				
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

4/23/08

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 required by Chapter 608, Florida Statutes.

SIGNATURE: _Alvin L Chapman_   22 Jan 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

Alvin L. Chapman