

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054724

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: CHANDLER/GOLDBERG, LLC

**Current Principal Place of Business:**

2460 OLD NEW YORK AVENUE  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

2460 OLD NEW YORK AVENUE  
DELAND, FL 32720

**New Mailing Address:**

PO BOX 25  
DELAND, FL 32721

FEI Number: 26-0220245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAUVEL, HOWARD L ESQ.  
233 EAST RICH AVENUE  
DELAND, FL 32724 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: CHANDLER, WILLIAM  
Address: 2460 OLD NEW YORK AVENUE  
City-St-Zip: DELAND, FL 32720

Title: MGRM ( ) Delete  
Name: GOLDBERG, KENNETH  
Address: 2460 OLD NEW YORK AVENUE  
City-St-Zip: DELAND, FL 32720

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CHANDLER, WILLIAM  
Address: PO BOX 25  
City-St-Zip: DELAND, FL 32721

Title: MGRM (X) Change ( ) Addition  
Name: GOLDBERG, KENNETH  
Address: PO BOX 25  
City-St-Zip: DELAND, FL 32721

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: WILLIAM CHANDLER

MMBR

03/21/2009

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