

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062042

FILED  
Aug 10, 2008  
Secretary of State

Entity Name: CHEN YUNAN LLC

**Current Principal Place of Business:**

645 CHRISTINA LAKE DRIVE  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

645 CHRISTINA LAKE DRIVE  
LAKELAND, FL 33813 US

**New Mailing Address:**

FEI Number: 26-0337412      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

SUNSHINE STRATEGIES LLC  
8706 MAPLE LAKE PLACE  
TAMPA, FL 33635 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PHEN, HWAYIN L  
Address: 645 CHRISTINA LAKE DRIVE  
City-St-Zip: LAKELAND, FL 33813 US

Title: MGR ( ) Delete  
Name: PHEN, BENJAMIN Y  
Address: 645 CHRISTINA LAKE DRIVE  
City-St-Zip: LAKELAND, FL 33813 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PHEN HWAYIN

MGRM

08/10/2008

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