

8/20/2007

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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

01-09-2008 90018 050 ***138.75

DOCUMENT # L07000062215			
1. Entity Name CHARTIN, LLC			
Principal Place of Business 7257 MONTRICO DRIVE BOCA RATON, FL 33433		Mailing Address 7257 MONTRICO DRIVE BOCA RATON, FL 33433	
2. Principal Place of Business - No P.O. Box # 7257 MontTrico Dr		3. Mailing Address 7257 MontTrico Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33433		Country U.S.A.	
4. FEI Number 96-0404682		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLZBERG, CHARLOTTE 7257 MONTRICO DRIVE BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Charlotte Holzberg 7257 MontTrico Dr Boca Raton, FL 33433	
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 _____ (NOTE: Registered Agent signature required when renouncing)			
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 NAME STREET ADDRESS CITY-ST-ZIP Charlotte Holzberg 7257 MontTrico Dr Boca Raton, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MARTIN HOLZBERG 7257 MONTRICO DR BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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 required by Chapter 606, Florida Statutes.			
SIGNATURE: Charlotte Holzberg SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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01042008 Chg-LLC CR2E083 (12/08)