

FILED
Jul 14, 2008 8:00 am
Secretary of State

DOCUMENT # L07000076597



Mailing Address
1610 NORTHGATE BOULEVARD
SARASOTA, FL 34234

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

07072008 Chq-LLC CR2E083 (12/06)

4. FEI Number
26-1516530

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

NAJMY, JOSEPH L ESQ
PORGES, HAMLIN, KNOWLES, PROUTY, ET AL
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205

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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS
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10.	ADDITIONS/CHANGES
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

FILE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	R Charles Murray		
STREET ADDRESS	1610 Northgate Blvd		
CITY-ST-ZIP	Sarasota FL 34234		

TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Stuart C. Mumay		
STREET ADDRESS	1610 Northgate Blvd		
CITY-ST-ZIP	Sarasota, FL 34234		

TITLE	VP / Secy / Treas	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Yvonne E Murray		
STREET ADDRESS	1610 Northgate Blvd		
CITY-ST-ZIP	San Jose, CA 95134		

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Sandra L Christensen		
STREET ADDRESS	1610 Northgate Blvd		
CITY-ST-ZIP	Sarasota FL 34234		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____