

# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000087101

FILED  
Sep 18, 2009  
Secretary of State

**Entity Name:** CHACE AND ASSOCIATES TECHNOLOGIES, LLC

**Current Principal Place of Business:**

919 BROADWAY ST  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

919 BROADWAY ST  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** 26-0854344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROSS, CARY  
6987 EAST FOWLER AVENUE  
TERRACE OAKS OFFICE PARK  
TAMPA, FL 33617 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: CHACE, JULIE L  
Address: 131 BUENA VISTA DR. N  
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM ( ) Delete  
Name: CHACE, PAUL  
Address: 131 BUENA VISTA DR. N.  
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM ( ) Delete  
Name: POPE, JAMES C BROCK  
Address: 9410 29TH AVE E  
City-St-Zip: PALMETTO, FL 34221

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

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

Title: MGRM ( ) Change (X) Addition  
Name: POPE, DANIEL B DR.  
Address: 16525 CR 675  
City-St-Zip: PARRISH, FL 34219

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: JULIE L CHACE

MGRM

09/18/2009

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