

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90074 009 ***143.75

DOCUMENT # L07000089051

1. Entity Name
CHTR DEVELOPMENT, LLC



Principal Place of Business Mailing Address
8188 SHADOW PINE WAY 8188 SHADOW PINE WAY
SARASOTA, FL 34238 SARASOTA, FL 34238

60045792



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07102008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
26-0648959 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

CHARTIER, JEFF
8188 SHADOW PINE WAY
SARASOTA, FL 34238

Name **JEFF W. CHARTIER**
Street Address (P.O. Box Number is Not Acceptable)
8188 SHADOW PINE WAY
City **SARASOTA** FL Zip Code **34238**

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 **Jeff W. Chartier** (NOTE: Registered Agent signature required when reinstating)

July 8, 2008

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

TITLE **MGRM** ☐ Delete
NAME **CHARTIER, JEFF W**
STREET ADDRESS **8188 SHADOW PINE WAY**
CITY-STATE-ZIP **SARASOTA, FL 34238**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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

July 8, 2008 941-266-4759

Date Daytime Phone #