

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092117

FILED
Apr 20, 2008
Secretary of State

Entity Name: CHANSS LLC

Current Principal Place of Business:

3598 YACHT CLUB DRIVE #1802
AVENTURA, FL 33180

New Principal Place of Business:

16485 COLLINS AV #935
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

3598 YACHT CLUB DRIVE #1802
AVENTURA, FL 33180

New Mailing Address:

16485 COLLINS AV #935
SUNNY ISLES BEACH, FL 33160

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMSALLEM, ERIC
3598 YACHT CLUB DRIVE #1802
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

AMSALLEM, ERIC
16485 COLLINS AV #935
SUNNY ISLES BEACH, FL 33160 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: EA

04/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BEYRAND, ANDRE
Address: LES HAUTS DE VAUGRENIER 3 ALLEE DU CALERNE
City-St-Zip: 06270 VILLENEUVE LUBERT FRAN,

Title: MGRM () Delete
Name: BEYRAND, GHANTAL
Address: LES HAUTS DE VAUGRENIER 3 ALLEE DU CALERNE
City-St-Zip: 06270 VILLENEUVE LUBERT FRAN,

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: BEYRAND ANDRE

MGR

04/20/2008

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