

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-05-2008 90208 040 ***143.75

DOCUMENT # L07000099447 1. Entity Name NITELITE CHARTERS, LLC					
Principal Place of Business 5655 GOLDEN EAGLE CIR PALM BEACH GARDENS, FL 33418			Mailing Address 5655 GOLDEN EAGLE CIR PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number Chg-LLC CR2E083 (12/06)					
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BRITTAIN, STEVEN W 5655 GOLDEN EAGLE CIR PALM BEACH GARDENS, FL 33418					
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
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					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
	<i>President/owner</i>				
	<i>Steven W Brittain</i>				
	<i>5655 Golden Eagle Cir</i>				
	<i>PBE FL 33418</i>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
10. ADDITIONS/CHANGES					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
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 608, Florida Statutes.					
SIGNATURE: <i>Steven W Brittain</i>				Date: <i>3/1/08</i> Daytime Phone #: <i>561-262-4764</i>	