

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100621

Entity Name: CHATTERLINE L.L.C.

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

4601 E OLD MOODY BLVD, STE F-4
BUNNELL, FL 32110

New Principal Place of Business:

4601 E OLD MOODY BLVD,
STE F-4
BUNNELL, FL 32110

Current Mailing Address:

4601 E OLD MOODY BLVD, STE F-4
BUNNELL, FL 32110

New Mailing Address:

4601 E OLD MOODY BLVD,
STE-F4
BUNNELL, FL 32110

FEI Number: 33-1210579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HONCHELL, TROY D
138 PALM COAST PKWY,NE
SUITE 233
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

HONCHELL, WANDA L
4601 E OLD MOODY BLVD,
STE F-4
BUNNELL, FL 32110 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: WANDA LOU HONCHELL

05/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HONCHELL, TROY D
Address: 138 PALM COAST PKWY,NE SUITE 233
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HONCHELL, WANDA L
Address: 4601 E OLD MOODY BLVD, STE F-4
City-St-Zip: BUNNELL, FL 32110

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: WANDA LOU HONCHELL

WLH

05/04/2009

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