

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # L07000106342



**Mailing Address**  
**414 ESCANABA AVE.**  
**VALPARAISO, FL 32580**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Country

02262008 Chq-LLC CR2E083 (12/06)

4. FBI Number 61-1542610

Applied For
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

MILLER, KIM  
414 ESCANABA AVE.  
VALPARAISO, FL 32580

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MILLER, KIM	
STREET ADDRESS	414 ESCANABA AVE.	
CITY-ST-ZIP	VALPARAISO, FL 32580	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_