

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120218

Entity Name: CHAP SLAPS LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

150 SUPREME CT
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

150 SUPREME CT
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 26-1506852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRADDY, SCOTT
150 SUPREME CT
ST AUGUSTINE, FL FL US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRADDY, SCOTT A
Address: 150 SUPREME CT
City-St-Zip: ST AUGUSTINE, FL 32086

Title: PRES () Delete
Name: GRADDY, NANCY J
Address: 150 SUPREME CT
City-St-Zip: ST AUGUSTINE, FL 32086

Title: TREA () Delete
Name: GRADDY, AMANDA J
Address: 150 SUPREME CT
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SCOTT GRADDY

MMB

04/22/2009

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