

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125056

FILED
Jun 19, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA CHEVRON, L.L.C.

Current Principal Place of Business:

5850 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

5850 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32821

New Mailing Address:

FEI Number: 37-1557464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

SAVJA, ZOHRA
6605 DUNCASTER STREET
WINDERMERE, FL 34786 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAVJA, ZOHRA
Address: 6605 DUNCASTER STREET
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: ALI, HYDER
Address: 6605 DUNCASTER STREET
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAVJA, ZOHRA
Address: 6604 DUNCASTER STREET
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM (X) Change () Addition
Name: ALI, HYDER
Address: 6604 DUNCASTER STREET
City-St-Zip: WINDERMERE, FL 34786

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: ZOHRA SAVJA

MGRM

06/19/2008

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