

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125939

Entity Name: CHASTAIN FAMILY, LLC

FILED  
Feb 25, 2009  
Secretary of State

**Current Principal Place of Business:**

37180 WASHINGTON LOOP RD  
PUNTA GORDA, FL 33982

**New Principal Place of Business:**

**Current Mailing Address:**

37180 WASHINGTON LOOP RD  
PUNTA GORDA, FL 33982

**New Mailing Address:**

FEI Number: 26-1973037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHASTIAN, THOMAS  
37180 WASHINGTON LOOP RD  
PUNTA GORDA, FL 33982 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: MGR ( ) Delete  
Name: CHASTAIN, THOMAS J SR  
Address: 37180 WASHINGTON LOOP RD  
City-St-Zip: PUNTA GORDA, FL 33982

Title: MGR ( ) Delete  
Name: CHASTAIN, MARY  
Address: 37180 WASHINGTON LOOP RD  
City-St-Zip: PUNTA GORDA, FL 33982

**ADDITIONS/CHANGES:**

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: THOMAS J CHASTAIN, SR

MGR

02/25/2009

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