

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002992

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: CHRIO LLC

## Current Principal Place of Business:

1417 SADLER ROAD #136  
FERNANDINA BEACH, FL 32034

## New Principal Place of Business:

1417 SADLER RD  
# 136  
FERNANDINA BEACH, FL 32034 US

## Current Mailing Address:

1417 SADLER ROAD #136  
FERNANDINA BEACH, FL 32034

## New Mailing Address:

320 23RD STREET SOUTH  
APT 1216  
ARLINGTON, VA 22202 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: SMITH, KENNETH B  
Address: 1417 SADLER ROAD #136  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition  
Name: SMITH, KENNETH B.  
Address: 1417 SADLER RD  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Change (X) Addition  
Name: SMITH, DALAL Q.  
Address: 1417 SADLER RD  
City-St-Zip: FERNANDINA BEACH, FL 32034

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: KENNETH B. SMITH

MGRM

03/04/2009

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