

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019792

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: EWALD, CHAPPELL, DEBERZZINAE, LLC

**Current Principal Place of Business:**

6625 ALMOND DRIVE  
CLARKSTON, MI 48346

**New Principal Place of Business:**

**Current Mailing Address:**

6625 ALMOND DRIVE  
CLARKSTON, MI 48346

**New Mailing Address:**

FEI Number: 26-2025302      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DAVID RODRIGUES, CPA, PA  
101 N MISSOURI AVE  
#2  
CLEARWATER, FL 33755 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: CHAPPELL, DAVID  
Address: 6625 ALMOND DRIVE  
City-St-Zip: CLARKSTON, MI 48346

Title: MGRM ( ) Delete  
Name: EWALD, JOHN  
Address: 89 SOUTH MIDLAND  
City-St-Zip: PONTIAC, MI 48342

Title: MGRM ( ) Delete  
Name: DEBERZZINAE, ARMAND  
Address: 1443 FOREST RD  
City-St-Zip: CLEARWATER, FL 33755

**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: JOHN EWALD

MGRM

04/29/2009

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