

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