2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# L08000099663

Entity Name: CHAMELLAN LLC

Current Principal Place of Business:

11133 SW 17TH MANOR
DAVIE, FL 33324 US

New Principal Place of Business:

10845 SW 15TH PLACE
DAVIE, FL 33324 US

Current Mailing Address:

11133 SW 17TH MANOR
DAVIE, FL 33324 US

New Mailing Address:

10845 SW 15TH PLACE
DAVIE, FL 33324 US

FEI Number: 26-3644631 **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:

RIANO, HUGO
11133 SW 17TH MANOR
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

RIANO, HUGO
10845 SW 15TH PLACE
DAVIE, FL 33324 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: HUGO RIANO 05/11/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RIANO, HUGO
Address: 11133 SW 17TH MANOR
City-St-Zip: DAVIE, FL 33324 US

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RIANO, HUGO
Address: 10845 SW 15TH PLACE
City-St-Zip: DAVIE, FL 33324 US

Title: MGR ( ) Change (X) Addition
Name: RIANO, EVA CAMILLA
Address: 10845 SW 15TH PLACE
City-St-Zip: DAVIE, FL 33324 US

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: HUGO RIANO MGR 05/11/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date