

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000016893

**Entity Name:** LECHARME HOLDING LLC

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3134 SW LETCHWORTH ST  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 3811  
FORT PIERCE, FL 34948

**New Mailing Address:**

**FEI Number:** 26-4293323

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOUIS, JUDITH  
1525 SW JACKSONVILLE AVE  
PORT ST LUCIE, FL 34953 US

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

LOUIS, JUDITH  
4650 SW VAHALLA ST  
PORT ST LUCIE, FL 34953 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/04/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MISTIVAR, SERGE  
Address: 3134 SW LETCHWORTH ST  
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby 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: SERGE MISTIVAR

MGR

01/04/2010

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