

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000026476

Entity Name: MIZELLE - CHAPPELLE, LLC

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5918 SCOTT STREET  
JACKSONVILLE, FL 32220

**New Principal Place of Business:**

5918 SCOTT STREET  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

5918 SCOTT STREET  
JACKSONVILLE, FL 32220

**New Mailing Address:**

5918 SCOTT STREET  
JACKSONVILLE, FL 32208

FEI Number: 26-4550747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRAWFORD, JOHN R  
1200 RIVERPLACE BLVD., SUITE 800  
JACKSONVILLE, FL 32207 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: PRES  
Name: CAMPBELL, MATTIE  
Address: 5918 SCOTT STREET  
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGR  
Name: ANDERSON, DONNA  
Address: 10267 WELLHOUSE COURT  
City-St-Zip: JACKSONVILLE, FL 32220

Title: MGR  
Name: GISSANTANNER, MATTHEW  
Address: 3767 LAUREN OAK LANE EAST  
City-St-Zip: JACKSONVILLE, FL 32221

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: MATTIE CAMPBELL

PRES

01/17/2012

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