

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000093295

**FILED**  
**Dec 15, 2011**  
**Secretary of State**

**Entity Name:** CHLOSOF LLC

**Current Principal Place of Business:**

5858 MIDNIGHT PASS RD  
#61  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

5858 MIDNIGHT PASS RD  
#61  
SARASOTA, FL 34242

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

DRISCOLL, ANTHONY J MR  
5858 MIDNIGHT PASS RD  
#61  
SARASOTA, FL 34242 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  
Name: DRISCOLL, ANTHONY J MR  
Address: 5858 MIDNIGHT PASS RD  
City-St-Zip: SARASOTA, FL 34242

Title: MRG  
Name: HONEKMAN, BRUCE MR  
Address: 1680 FRUITVILLE RD  
City-St-Zip: SARASOTA, FL 34236

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: ANTHONY DRISCOLL                      MR                      12/15/2011

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