

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90178 040 ****50.00

60035311



03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number **59-3524474** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

YEN, KUNG-PO
9446 PHILIPS HWY., #8
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **10175 Fortune Pkwy, Ste 705**
Jacksonville FL 32256-6753 **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **YEN, KUNG-PO**
STREET ADDRESS **9446 PHILIPS HWY., #8**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **MGR** ☐ Delete
NAME **YEN, KUNG-TI**
STREET ADDRESS **9446 PHILIPS HWY., #8**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME **10175 Fortune Pkwy, Ste 705**
STREET ADDRESS **Jacksonville FL 32256-6753**
CITY-ST-ZIP _____

TITLE ☐ Change ☐ Addition
NAME **10175 Fortune Pkwy, Ste 705**
STREET ADDRESS **Jacksonville FL 32256-6753**
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TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: (8) J
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____