

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L98000001129

1. Entity Name

E. M. CHADBOURNE INDUSTRIES, L.L.C.



Principal Place of Business

17 W. CEDAR ST., SUITE 3
PENSACOLA, FL 32502

Mailing Address

17 W. CEDAR ST., SUITE 3
PENSACOLA, FL 32502



03072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3523074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHADBOURNE, EDWARD M JR.
17 W. CEDAR STREET
SUITE 3
PENSACOLA, FL 32502

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CHADBOURNE, EDWARD M JR.
STREET ADDRESS	17 W. CEDAR ST., SUITE 3
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	MGRM
NAME	CHADBOURNE, EDWARD M III
STREET ADDRESS	17 W. CEDAR ST., SUITE 3
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	MGRM
NAME	DEMARIA, CAROLINE C
STREET ADDRESS	17 W. CEDAR ST., SUITE 3
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000358764
03/28/08-80025-007 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #