

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90050 047 ****50.00

DOCUMENT # L98000001424

1. Entity Name
LO-CHLOR, L.C.



Principal Place of Business
5755 POWERLINE ROAD
FORT LAUDERDALE, FL 33309

Mailing Address
5755 POWERLINE ROAD
FORT LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
65-0853031

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENT, WILLIAM A
5755 POWERLINE ROAD
FORT LAUDERDALE, FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME SIMONS, ANDREW L ☒ Delete
STREET ADDRESS 140 VICTORIA ROAD, BELLEVUE HILL
CITY-ST-ZIP N.S.W. 2023, AUSTRALIA,

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME KENT, WILLIAM A ☐ Delete
STREET ADDRESS 5755 POWERLINE ROAD
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VT
NAME CHISLING, GARY R ☐ Delete
STREET ADDRESS 5755 POWERLINE ROAD
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME BOLENBAUGH, CRAIG ☐ Delete
STREET ADDRESS 5755 POWERLINE RD
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

CRAIG BOLENBAUGH

1/4/07

954-772-6966