

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2003 8:00 am
Secretary of State

09-25-2003 90039 019 ****50.00

DOCUMENT # L99000008862

1. Entity Name

BRENDA CHINN, L.L.C.



Principal Place of Business

**4966 SPARKLING PINES CIRCLE
FORT PIERCE FL 34951**

Mailing Address

**4828 N KINGS HWY
PMB #424
FORT PIERCE FL 34951**

2. Principal Place of Business

4966 Sparkling Pines Cr.
Suite, Apt. #, etc.

3. Mailing Address

4828 N Kings Hwy
Suite, Apt. #, etc.
PMB #424

City & State

Fort Pierce FL

City & State

Fort Pierce FL

Zip

Country

34951

Zip

Country

34951

4. FEI Number **62-1830852**

Applied For

Not Applicable

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-22-03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **CHINN, BRENDA**
STREET ADDRESS **4699 SPARKLING PINES CIRCLE**
CITY-ST-ZIP **FORT PIERCE FL 34951**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Brenda Chinn **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

9-22-03

772-468-4688

CR2E083 (4/03)