

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-24-2007 90051 004 ****50.00

DOCUMENT # M02000002541



1. Entity Name
FIGHTING CHAIR PARTNERS, LLC

Principal Place of Business
**129 WILTON DRIVE
DECATUR, GA 30030-5101**

Mailing Address
**P.O. BOX 33
APALACHICOLA, FL 32329**

60005523



2. Principal Place of Business - No P.O. Box #
3797 Castlegate Drive

3. Mailing Address
Suite, Apt. #, etc.

01092007 Chg-LLC CR2E083 (12/06)

City & State
Atlanta, Ga
Zip
30327
Country
USA

City & State
Zip
Country

4. FEI Number
27-0018544
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**YONCLAS, NICHOLAS ESQUIRE
35 ISLAND DRIVE, SUITE 10
EASTPOINT, FL 32328**

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 _____
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DATRY, ERIC L
129 WILTON DRIVE
DECATUR, GA 300305101** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CUNNINGHAM, GREGORY S
3797 CASTLEGATE DRIVE
ATLANTA, GA 30327** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Gregory S Cunningham 1-20-07 850-653-3505