

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061097

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: CHIPIS LLC

**Current Principal Place of Business:**

51 SW 11TH STREET  
SUITE 832  
MIAMI, FL 33130

**New Principal Place of Business:**

150 NW 27TH AVE.  
MIAMI, FL 33125

**Current Mailing Address:**

51 SW 11TH STREET  
SUITE 832  
MIAMI, FL 33130

**New Mailing Address:**

150 NW 27TH AVE.  
MIAMI, FL 33125

FEI Number: 56-2601289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, NATHALIE  
51 SW 11TH STREET  
SUITE 832  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: COHEN, NATHALIE  
Address: 51 SW 11TH STREET SUITE 832  
City-St-Zip: MIAMI, FL 33130

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NATHALIE COHEN

P

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date