| I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name       |
| appears above, or on an attachment with all other like empowered.   |

MANAGER

#### DOCUMENT# A2000000365

## Entity Name: CHIMBAS FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

## Current Principal Place of Business:

328 CRANDON BLVD SUITE 226 KEY BISCAYNE, FL 33149

#### **Current Mailing Address:**

328 CRANDON BLVD SUITE 226 KEY BISCAYNE, FL 33149 US

#### FEI Number: 87-2117923

## Name and Address of Current Registered Agent:

TOLLEY, RACHEL L 2600 S DOUGLAS RD SUITE 1008 CORAL GABLES, FL 33134 US

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

#### General Partner Detail :

| Document #      |                       | Document #      |                       |
|-----------------|-----------------------|-----------------|-----------------------|
| Name            | CALVO, LIZABETH       | Name            | CORTINEZ, DOMINGO     |
| Address         | 772 GLENRIDGE RD      | Address         | 772 GLENRIDGE RD      |
| City-State-Zip: | KEY BISCAYNE FL 33149 | City-State-Zip: | KEY BISCAYNE FL 33149 |

Electronic Signature of Signing General Partner Detail

SIGNATURE: LIZABETH CALVO

### FILED Feb 08, 2024 Secretary of State 9299968571CC

Certificate of Status Desired: No

02/08/2024 Date

Date