

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092739

Entity Name: 1690 CHESAPEAKE, LLC

Current Principal Place of Business:

1111 GALLEON DR
NAPLES, FL 34102

Current Mailing Address:

1111 GALLEON DR
NAPLES, FL 34102

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLASP INC
3001 TAMIAMI TRAIL NORTH4TH FL
NAPLES, FL 34103 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

_____ Date

Authorized Person(s) Detail :

Title MGR
Name LIEBIG, WOLFGANG
Address 1111 GALLEON DR
City-State-Zip: NAPLES FL 34102

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WOLFGANG LIEBIG

MGR

01/20/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date