

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000002330

**Entity Name:** CHESTON MM LLC

**Current Principal Place of Business:**

2455 E SUNRISE BLVD  
SUITE 1112  
FT. LAUDERDALE, FL 33304

**Current Mailing Address:**

2455 E SUNRISE BLVD  
SUITE 1112  
FT. LAUDERDALE, FL 33304 US

**FEI Number:** 20-2145237

**Certificate of Status Desired:** No

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

MOTWANI, DEV  
2455 E SUNRISE BLVD  
SUITE 1112  
FT. LAUDERDALE, FL 33304 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            PRESIDENT  
Name            MOTWANI, RAMOLA  
Address        2455 E SUNRISE BLVD  
                  SUITE 1112  
City-State-Zip: FT. LAUDERDALE FL 33304

Title            VP  
Name            MOTWANI, NITIN  
Address        2455 E SUNRISE BLVD  
                  SUITE 1112  
City-State-Zip: FT. LAUDERDALE FL 33304

Title            VP, TREASURER  
Name            MOTWANI, DEV  
Address        2455 E SUNRISE BLVD  
                  SUITE 1112  
City-State-Zip: FT. LAUDERDALE FL 33304

*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:** DEV MOTWANI

VP

04/24/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date