## 2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000002330

Entity Name: CHESTON MM LLC

**FILED** Aug 12, 2015 **Secretary of State** CC3899739788

**Current Principal Place of Business:** 

401 E LAS OLAS BLVD SUITE 130-324

FT. LAUDERDALE, FL 33301

## **Current Mailing Address:**

401 E LAS OLAS BLVD SUITE 130-324

FT. LAUDERDALE, FL 33301 US

FEI Number: 20-2145237 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MOTWANI, DEV 401 EAST LAS OLAS BLVD SUITE 130-324

FT. LAUDERDALE, FL 33301 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **PRESIDENT** Title

Name MOTWANI, RAMOLA Name MOTWANI, NITIN

401 EAST LAS OLAS BLVD, SUITE 130 Address 401 EAST LAS OLAS BLVD, SUITE 130 Address -324

City-State-Zip: FORT LAUDERDALE FL 33301 City-State-Zip: FT. LAUDERDALE FL 33301

Title VP, TREASURER Name MOTWANI, DEV

Address 401 EAST LAS OLAS BLVD, SUITE 130

City-State-Zip: FT. LAUDERDALE FL 33301

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.