

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000029013

**Entity Name:** CHALES, LLC

**Current Principal Place of Business:**

1206 EAST RIDGEWOOD STREET  
ORLANDO, FL 32803

**Current Mailing Address:**

P.O. BOX 320134  
TAMPA, FL 33679 US

**FEI Number:** 20-2560241

**Certificate of Status Desired:** No

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

DELOACH, P.L.  
1206 EAST RIDGEWOOD STREET  
ORLANDO, FL 32803 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:** CARLA DELOACH

02/28/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AR	Title	AUTHORIZED REPRESENTATIVE
Name	DELOACH, P.L.	Name	DURRANCE, LESLIE
Address	1206 EAST RIDGEWOOD STREET	Address	P.O. BOX 320134
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	TAMPA FL 33679

Title	AUTHORIZED REPRESENTATIVE
Name	DURRANCE, CHAD
Address	P.O. BOX 320134
City-State-Zip:	TAMPA FL 33679

*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:** LESLIE DURRANCE

MANAGER

02/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date