

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000056089

**Entity Name:** CHAPAE, LLC

**Current Principal Place of Business:**

101 SOUTH BAY BLVD.  
#A-4  
ANNA MARIA, FL 34216

**Current Mailing Address:**

P.O. BOX 4098  
101 SOUTH BAY BLVD., #A-4  
ANNA MARIA, FL 34216 US

**FEI Number:** 20-4988928

**Certificate of Status Desired:** No

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

SLUSSER, PATRICIA AMGR/MEM  
101 S. BAY BLVD.  
#A4  
ANNA MARIA,, FL 34216 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 SLUSSER, PATRICIA AMGR/MEM  
Address P.O. BOX 4098, 101 SOUTH BAY  
BLVD. #A-4  
City-State-Zip: ANNA MARIA FL 34216

*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:** PATRICIA SLUSSER

AMGR

02/21/2015

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

\_\_\_\_\_  
Date