

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000061097

**Entity Name:** CHIPIS LLC

**Current Principal Place of Business:**

156 NW 27TH AVE.  
MIAMI, FL 33125

**Current Mailing Address:**

156 NW 27TH AVE.  
MIAMI, FL 33125

**FEI Number:** 56-2601289

**Certificate of Status Desired:** Yes

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

COHEN, NATHALIE  
5875 COLLINS AVE  
SUITE 1507  
MIAMI BEACH, FL 33140 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 P  
Name COHEN, NATHALIE  
Address 5875 COLLINS AVE #1507  
City-State-Zip: MIAMI BEACH FL 33140

*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:** NATHALIE COHEN

P

04/28/2014

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

\_\_\_\_\_  
Date