

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104669

Entity Name: CH FDNS, LLC

Current Principal Place of Business:

2555 PONCE DE LEON BLVD.
SUITE 320
CORAL GABLES, FL 33134-6082

Current Mailing Address:

2555 PONCE DE LEON BLVD.
SUITE 320
CORAL GABLES, FL 33134-6082

FEI Number: 01-0567486

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADMIRE, JOHN GESQ.
2555 PONCE DE LEON BLVD., SUITE 320
CORAL GABLES, FL 33134-6082 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 MGRM
Name ADMIRE, JACK GTRUSTEE
Address 2555 PONCE DE LEON BLVD., SUITE 320
City-State-Zip: CORAL GABLES FL 33134-6082

Title MGRM
Name ADMIRE, RUTH STRUSTEE
Address 2555 PONCE DE LEON BLVD., SUITE 320
City-State-Zip: CORAL GABLES FL 33134-6082

Title MGRM
Name ADMIRE, JOHN GTRUSTEE
Address 2555 PONCE DE LEON BLVD., SUITE 320
City-State-Zip: CORAL GABLES FL 33134-6082

Title MGRM
Name SULLIVAN, JR., JOHN CTRUSTEE
Address 2555 PONCE DE LEON BLVD., SUITE 320
City-State-Zip: CORAL GABLES FL 33134-6082

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: JOHN G. ADMIRE

MGRM

01/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date