

**2017 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:** 47-3617457

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

Title           MANAGER  
Name           ADMIRE, PAMELA  
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

**MANAGER**

**03/06/2017**

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

\_\_\_\_\_  
Date