

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000071563

**Entity Name:** CHOCOLATE HOUSE ENTERTAINMENT, LLC**Current Principal Place of Business:**12445 NW 17TH MANOR  
PEMBROKE PINES, FL 33028**Current Mailing Address:**12445 NW 17TH MANOR  
PEMBROKE PINES, FL 33028 US**FEI Number:** 26-0506107**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMMONDS, KENNEDY A  
12445 NW 17TH MANOR  
PEMBROKE PINES, FL 33028 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:** KENNEDY A SIMMONDS

04/21/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                    |
|-----------------|------------------------------------|
| Title           | MANAGER, AUTHORIZED REPRESENTATIVE |
| Name            | SIMMONDS, KENNEDY A                |
| Address         | 12445 NW 17TH MANOR                |
| City-State-Zip: | PEMBROKE PINES FL 33028            |

|                 |                                    |
|-----------------|------------------------------------|
| Title           | MANAGER, AUTHORIZED REPRESENTATIVE |
| Name            | SMITH, HOWARD                      |
| Address         | 511 SE 5TH AVE<br>#611             |
| City-State-Zip: | FORT LAUDERDALE FL 33301           |

|                 |                        |
|-----------------|------------------------|
| Title           | OTHER, GENERAL PARTNER |
| Name            | AUSTIN-EDDY, DWANE G   |
| Address         | 4835 HESTER AVENUE     |
| City-State-Zip: | SANFORD FL 32773       |

*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:** KENNEDY A SIMMONDS

MANAGER

04/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date