## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092117

Entity Name: CHANSS LLC

**FILED** Apr 22, 2014 **Secretary of State** CC7293426929

## **Current Principal Place of Business:**

10796 PINES BLVD STE 204

PEMBROKE PINES, FL 33026

## **Current Mailing Address:**

10796 PINES BLVD **STE 204** 

PEMBROKE PINES, FL 33026

FEI Number: 26-3334376 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MOYAL, PATRICK 10796 PINES BLVD **STE 204** 

PEMBROKE PINES, FL 33026 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title **AMBR** Title **AMBR** 

Name BEYRAND, ANDRE Name BEYRAND, CHANTAL

LES HAUTS DE VAUGRENIER 3 ALLEE LES HAUTS DE VAUGRENIER 3 ALLEE Address Address **DU CALERNE** 

**DU CALERNE** 

VILLENEUVE LOUBET 06270 City-State-Zip: VILLENEUVE LOUBET 06270

Title **AMBR** Title **AMBR** 

Name BEYRAND, STEPHANIE Name BEYRAND, SOPHIE

Address LES HAUTS DE VAUGRENIER 3 ALLEE Address LES HAUTS DE VAUGRENIER 3 ALLEE

**DU CALERNE DU CALERNE** 

City-State-Zip: VILLENEUVE LOUBET 06270 City-State-Zip: VILLENEUVE LOUBET 06270

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.

04/22/2014 SIGNATURE: BEYRAND, ANDRE **AMBR**