

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000083964

**Entity Name:** CHAOS MANAGER LLC

**Current Principal Place of Business:**

8464 NW 78 CT.  
TAMARAC, FL 33321

**Current Mailing Address:**

8464 NW 78 CT.  
TAMARAC, FL 33321

**FEI Number:** 80-0250201

**Certificate of Status Desired:** No

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

CALLAHAN, KAREN  
8464 NW 78 CT.  
TAMARAC, FL 33321 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            CALLAHAN, KAREN  
Address        8464 NW 78 CT.  
City-State-Zip: TAMARAC FL 33321

*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:** KAREN CALLAHAN

04/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date