

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000014677

**Entity Name:** CHAB, LLC

**Current Principal Place of Business:**

5811 SW 164 TH TERR  
SOUTHWEST RANCHES, FL 33331

**Current Mailing Address:**

5811 SW 164 TH TERR  
SOUTHWEST RANCHES, FL 33331 US

**FEI Number:** 27-1857767

**Certificate of Status Desired:** No

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

ORELLANA, RICARDO AMR  
5811 SW 164 TH TERR  
SOUTHWEST RANCHES, FL 33331 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 ORELLANA, RICARDO AMR  
Address 5811 SW 164 TH TERR  
City-State-Zip: SOUTHWEST RANCHES FL 33331

Title MGRM  
Name SCHISKIN, MARISABEL MRS  
Address 5811 SW 164 TH TERR  
City-State-Zip: SOUTHWEST RANCHES FL 33331

Title MGRM  
Name ORELLANA, DANIEL RMR  
Address 5811 SW 164 TERR  
City-State-Zip: SOUTHWEST RANCHES FL 33331

Title MGRM  
Name ORELLANA, TOMAS RMR  
Address 5811 SW 164 TERR  
City-State-Zip: SOUTHWEST RANCHES FL 33331

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICARDO A ORELLANA

MGRM

02/05/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date