

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000014677

**Entity Name:** CHAB, LLC

**Current Principal Place of Business:**

4839 SW 148 AV  
# 307  
DAVIE, FL 33330

**Current Mailing Address:**

4839 SW 148 AV  
# 307  
DAVIE, FL 33330 US

**FEI Number:** 27-1857767

**Certificate of Status Desired:** No

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

ORELLANA, RICARDO A  
390 W RIVERBEND DR  
SUNRISE, FL 33326 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:** RICARDO ORELLANA

04/11/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	ORELLANA, RICARDO A	Name	SCHISKIN-ORELLANA, MARISABEL
Address	390 W RIVERBEND DR	Address	390 W RIVERBEND DR
City-State-Zip:	SUNRISE FL 33326	City-State-Zip:	SUNRISE FL 33326

*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:** MARISABEL SCHISKIN-ORELLANA

MGRM

04/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date