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. 04/22/2017

MGRM

SIGNATURE: PHYLLIS LARKIN

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 13425 MURIEL AVENUE PORT CHARLOTTE, FL 33981

Entity Name: CHUTES'N LADDERS, LLC

Current Mailing Address:

DOCUMENT# L10000066260

3528 COMO STREET, PORT CHARLOTTE. FL 33948

FEI Number: 27-3036001

Name and Address of Current Registered Agent:

LARKIN, PHYLLIS 3528 COMO STREET, PORT CHARLOTTE, FL 33948 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 Degistered Arest

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Title	MGRM	Title	MANAGER
Name	LARKIN, PHYLLIS	Name	LARKIN, MICHAEL J ESQ.
Address	3528 COMO STREET	Address	3528 COMO STREET
City-State-Zip:	PORT CHARLOTTE FL 33948	City-State-Zip:	PORT CHARLOTTE FL 33948

Electronic Signature of Registered Agent				
thorized Person(s) Detail :				
e	MGRM	Title	MANAGER	
ne	LARKIN, PHYLLIS	Name	LARKIN, MICHAEL J ESQ.	
lress	3528 COMO STREET	Address	3528 COMO STREET	

Certificate of Status Desired: No

Date

Date