

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000010534

**Entity Name:** CHAT-TN, LLC

**Current Principal Place of Business:**

700 E. WALNUT ST.  
LAKELAND, FL 33801

**Current Mailing Address:**

700 E. WALNUT ST.  
LAKELAND, FL 33801 US

**FEI Number:** 27-4674204

**Certificate of Status Desired:** Yes

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

MCFARLANE, PETER A  
500 S FLORIDA AVE  
STE 715  
LAKELAND, FL 33801 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	MCFARLANE, PETER A
Address	700 E WALNUT ST
City-State-Zip:	LAKELAND FL 33801
Title	MGRM
Name	MCFARLANE, JEFF
Address	2000 E 23RD ST
City-State-Zip:	CHATTANOOGA TN 37404

Title	MGRM
Name	MCFARLANE, NANCY
Address	700 E WALNUT ST
City-State-Zip:	LAKELAND FL 33801
Title	MGRM
Name	MCFARLANE, MATTHEW
Address	2000 E 23RD ST
City-State-Zip:	CHATTANOOGA TN 37404

*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:** PETER A MCFARLANE

**MGRM**

**02/19/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date