

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000015627

**Entity Name:** CHACE SERVICES, LLC

**Current Principal Place of Business:**

4052 BARCELONA AVENUE  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4052 BARCELONA AVENUE  
JACKSONVILLE, FL 32207

**FEI Number:** 27-4843157

**Certificate of Status Desired:** No

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

F & L CORP  
ONE INDEPENDENT DR.  
SUITE 1300  
JACKSONVILLE, FL 32202-5017 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	MGR	Title	MGR
Name	CAVEN, JOHN WIII	Name	CAVEN, ROSEMARIE
Address	4052 BARCELONA AVE	Address	4052 BARCELONA AVE
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207

*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:** ROSEMARIE CAVEN

MGR

04/04/2016

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

\_\_\_\_\_ Date