

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000000914

**Entity Name:** MUNCHIEZ, LLC

**Current Principal Place of Business:**

158 NW 20TH STREET  
BOCA RATON, FL 33431

**FILED**  
**Jan 12, 2017**  
**Secretary of State**  
**CC3612222770**

**Current Mailing Address:**

5500 NW 51ST AVENUE  
COCONUT CREEK, FL 33073 US

**FEI Number: 46-1663423**

**Certificate of Status Desired: No**

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

HASSEL, BRIAN  
5500 NW 51 AVENUE  
COCONUT CREEK, FL 33073 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 HASSEL, BRIAN  
Address 5500 NW 51 AVENUE  
City-State-Zip: COCONUT CREEK FL 33073

Title MGRM  
Name CAFONE, PETER J  
Address 5627 NW 101 DRIVE  
City-State-Zip: CORAL SPRINGS FL 33076

*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: BRIAN HASSEL**

**MGRM**

**01/12/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date