

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000088946

**Entity Name:** CHUKKERTV, LLC

**Current Principal Place of Business:**

3629 AIKEN COURT  
WELLINGTON, FL 33414

**Current Mailing Address:**

3629 AIKEN COURT  
WELLINGTON, FL 33414 US

**FEI Number:** 47-1000874

**Certificate of Status Desired:** Yes

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

MARIO G. DE MENDOZA, III, P.A.  
12765 FOREST HILL BLVD  
SUITE 1302  
WELLINGTON, FL 33414 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, AUTHORIZED MEMBER  
Name POTAMKIN GANZI, MELISSA  
Address 3629 AIKEN CT  
City-State-Zip: WELLINGTON FL 33414

Title MANAGER, AUTHORIZED MEMBER  
Name GANZI, MARC C  
Address 3629 AIKEN COURT  
City-State-Zip: WELLINGTON FL 33414

Title AUTHORIZED MEMBER  
Name FERREIRA, MICHAEL  
Address 3629 AIKEN COURT  
City-State-Zip: WELLINGTON FL 33414

Title AUTHORIZED MEMBER  
Name RAMIREZ, JEANINE M  
Address 3629 AIKEN COURT  
City-State-Zip: WELLINGTON FL 33414

*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:** MELISSA POTAMKIN GANZI

MGRM

06/26/2020

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

\_\_\_\_\_  
Date