

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000099190

**Entity Name:** CHP MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

C/O PANTHER MANAGEMENT SERVICES, LLC  
333 SOUTH MIAMI AVE, STE. 150  
MIAMI, FL 33130

**Current Mailing Address:**

C/O PANTHER MANAGEMENT SERVICES, LLC  
333 SOUTH MIAMI AVE, STE. 150  
MIAMI, FL 33130

**FEI Number:** 38-3933889

**Certificate of Status Desired:** No

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

PANTHER MANAGEMENT SERVICES, LLC  
333 SOUTH MIAMI AVE  
SUITE 150  
MIAMI, FL 33130 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            AMBR  
Name            PCM-CHP, LLC  
Address        333 SOUTH MIAMI AVE, STE. 150  
City-State-Zip: MIAMI FL 33130

Title            AMBR  
Name            AVENUE HOSPITALITY ASSOCIATES,  
                    LLC  
Address        16701 COLLINS AVE.  
City-State-Zip: SUNNY ISLES AVENUE FL 33160

*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:** JEFF KRINSKY

**AUTHORIZED MEMBER**

**04/21/2015**

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

\_\_\_\_\_  
Date