ST. PETEI	RSBURG, FL 33712 US			
FEI Number: APPLIED FOR			Certificate of Status Desired: No	
Name and	Address of Current Registered Age	nt:		
DORSEY, LA 4834 ALCAZ ST. PETERS				
The above nam	med entity submits this statement for the purpose of cha	anging its registered office or re	gistered agent, or both, in the State c	of Florida.
	med entity submits this statement for the purpose of cha RE: LAUREN DORSEY	anging its registered office or re	gistered agent, or both, in the State c	of Florida. 03/20/2015
		anging its registered office or re	gistered agent, or both, in the State c	
SIGNATUI	RE: LAUREN DORSEY	anging its registered office or re	gistered agent, or both, in the State c	03/20/2015
SIGNATUI	RE: LAUREN DORSEY Electronic Signature of Registered Agent	anging its registered office or reg	gistered agent, or both, in the State o	03/20/2015
SIGNATUI Authorize	RE: LAUREN DORSEY Electronic Signature of Registered Agent ed Person(s) Detail :			03/20/2015

**Current Principal Place of Business:** 4834 ALCAZAR WAY ST. PETERSBURG, FL 33712

DOCUMENT# L14000110016

Entity Name: CHEF TED LLC

## **Current Mailing Address:**

4834 ALCAZAR WAY

City-State-Zip: ST. PETERSBURG FL 33712

## 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: LAUREN DORSEY

MGR

City-State-Zip: ST. PETERSBURG FL 33712

03/20/2015 Date

Electronic Signature of Signing Authorized Person(s) Detail

## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 20, 2015 **Secretary of State** CC7348981789