### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000146370

Entity Name: CHALAN, LLC.

#### Current Principal Place of Business:

44 W FLAGLER STREET SUITE 2300 MIAMI, FL 33130

## **Current Mailing Address:**

44 W FLAGLER STREET SUITE 2300 MIAMI, FL 33130 US

#### FEI Number: 32-0449726

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

MASSAT CONSULTING GROUP LLC 44 W FLAGLER STREET SUITE 2300 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                     | : ALINE DARMOUNI                         |                 |                                   | 04/28/2015 |
|-------------------------------|--|-----------------|-----------------------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                                   | Date       |
| Authorized Person(s) Detail : |  |                 |                                   |            |
| Title                         | AMBR                                     | Title           | AMBR                              |            |
| Name                          | BENHAMOUR, PIERRE                        | Name            | BENHAMOUR, VIRGINIE               |            |
| Address                       | 44 W FLAGLER STREET<br>SUITE 2300        | Address         | 44 W FLAGLER STREET<br>SUITE 2300 |            |
| City-State-Zip:               | MIAMI FL 33130                           | City-State-Zip: | MIAMI FL 33130                    |            |

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: PIERRE BENHAMOUR

AMBR

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Apr 28, 2015 Secretary of State CC5274066987

Certificate of Status Desired: No