

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000161413

**Entity Name:** CHAPS MANAGEMENT CO, LLC

**Current Principal Place of Business:**

6815 BISCAYNE BLVD.  
STE. 103-209  
MIAMI, FL 33137

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC1073552502**

**Current Mailing Address:**

6815 BISCAYNE BLVD.  
STE. 103-209  
MIAMI, FL 33137 US

**FEI Number: 47-2316396**

**Certificate of Status Desired: No**

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

SOLOMON & FURSHMAN, LLP  
1200 BRICKELL AVENUE  
PH 2000  
MIAMI, FL 33131 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           MEMB  
Name           LA JOLLA ASSETS, LLC  
Address        2223 AVENIDA DE PLAYA, SUITE 100  
City-State-Zip: LA JOLLA CA 92037

Title           MEMB  
Name           BISCAYNE ASSETS, LLC  
Address        6815 BISCAYNE BLVD., STE. 103-209  
City-State-Zip: MIAMI FL 33137

*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: MARTA PANTELIDES**

**AUTHORIZED SIGNER**

**03/02/2016**

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

\_\_\_\_\_  
Date