

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000176847

**Entity Name:** CHRISHIRE 107, LLC

**Current Principal Place of Business:**

372 HONEYEATER DRIVE  
WALLIGAN  
QLD, AUSTRALIA 4655, XX XX

**Current Mailing Address:**

372 HONEYEATER DRIVE  
WALLIGAN  
QLD, AUSTRALIA 4655, XX XX XX

**FEI Number:** 30-0846592

**Certificate of Status Desired:** No

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 MEM  
Name MASSA CORPORATION PTY LTD,  
TRUSTEE  
Address 372 HONEYEATER DRIVE  
City-State-Zip: WALLIGAN, QLD, AUSTRALIA XX  
4655

*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:** PETER ABOOD

MR

04/08/2016

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

\_\_\_\_\_ Date