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: TRACY L TOANNON

Electronic Signature of Signing Authorized Person(s) Detail

# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L1700008866

Entity Name: THE HEIGHTS CLASSIC CHICAGO CUISINE LLC

#### **Current Principal Place of Business:**

482 N WILSON STREET CRESTVIEW. FL 32536

#### **Current Mailing Address:**

196 W PINE AVE CRESTVIEW. FL 32536 US

#### FEI Number: 81-4931209

## Name and Address of Current Registered Agent:

TOANNON, TRACY L 196 W PINE AVE CRESTVIEW, FL 32536 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

#### Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	TOANNON, TRACY L	Name	MELENDEZ, MEGAN L
Address	4069 WOOLMAC DR	Address	10 PANDORA DR
City-State-Zip:	CRESTVIEW FL 32539	City-State-Zip:	CRESTVIEW FL 32536

AMBR

Certificate of Status Desired: No

03/07/2022

Date

FILED Mar 07, 2022 Secretary of State 3633037462CC

Date