

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000023146

**Entity Name:** CHILL-N SOUTH MIAMI LLC

**Current Principal Place of Business:**

7316 SW 57 AVE  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

11450 SW 84 AVENUE  
MIAMI, FL 33156 US

**FEI Number:** 30-0964352

**Certificate of Status Desired:** No

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

CHILL-N LLC  
11450 SW 84 AVENUE  
MIAMI, FL 33156 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           MANAGER  
Name           GOLIK, DANIEL  
Address        11450 SW 84 AVENUE  
City-State-Zip: MIAMI FL 33156

Title           MANAGER  
Name           BEHREN, BRUCE  
Address        13745 SW 104 COURT  
City-State-Zip: MIAMI FL 33176

Title           MANAGER  
Name           GOLIK, DONNA  
Address        11450 SW 84 AVENUE  
City-State-Zip: MIAMI FL 33156

*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:** DONNA GOLIK

MANAGER

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date