

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000123233

**Entity Name:** CHRISOP MANAGEMENT, LLC

**Current Principal Place of Business:**

2100 SW 71ST TERRACE  
DAVIE, FL 33317

**Current Mailing Address:**

P.O.BOX 266225  
WESTON, FL 33326 US

**FEI Number: 82-4840624**

**Certificate of Status Desired:** No

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

HULSHOFF ROCHE, CARLA  
16750 SW 48TH STREET  
SOUTHWEST RANCHES, FL 33331 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 MGR  
Name ROCHE, CARLA  
Address P.O.BOX 266225  
City-State-Zip: WESTON FL 33326

*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: CARLA ROCHE**

**MGR**

**04/04/2019**

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

\_\_\_\_\_  
Date