

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000190579

**Entity Name:** CHATERCURE, LLC

**Current Principal Place of Business:**

1408 BRICKELL BAY DR  
709  
MIAMI, FL 33131

**Current Mailing Address:**

2930 POINT EAST DR  
E609  
MIAMI, FL 33160 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CURE DAU, LEYLA  
2930 POINT EAST DR  
E609  
MIAMI, FL 33160 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:** CURE DAU LEYLA

03/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name CHATER CURE, HAYETT  
Address 1408 BRICKELL BAY DR  
City-State-Zip: MIAMI FL 33131

Title MANAGER  
Name CURE DAU, LEYLA  
Address 2930 POINT EAST DR  
E609  
City-State-Zip: MIAMI FL 33160

*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:** HAYETT CHATER CURE

AUTHORIZED MEMBER

03/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date