

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000165537

**Entity Name:** CHR IMPROVEMENT, LLC

**Current Principal Place of Business:**

8401 PLACIDA RD  
CAPE HAZE, FL 33946

**Current Mailing Address:**

8401 PLACIDA RD  
CAPE HAZE, FL 33946

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BOUTZOUKAS, MICHAEL E ESQ.  
1511 N WESTSHORE BLVD  
SUITE 1000  
TAMPA, FL 33607 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 MOTTOLA, TED  
Address 8401 PLACIDA RD  
City-State-Zip: CAPE HAZE FL 33946

Title MGR  
Name TRAVERS, HENRY  
Address 8401 PLACIDA RD`  
City-State-Zip: CAPE HAZE FL 33946

Title MGR  
Name BOLLES, RICHARD  
Address 8401 PLACIDA RD  
City-State-Zip: CAPE HAZE FL 33946

Title MGR  
Name WATKINS, MARK  
Address 8401 PLACIDA RD  
City-State-Zip: CAPE HAZE FL 33946

*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:** HENRY TRAVERS

MGR

02/12/2019

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

\_\_\_\_\_  
Date