

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000165537

**Entity Name:** CHR IMPROVEMENT, LLC

**Current Principal Place of Business:**

3754 CAPE HAZE DR  
ROTONDA WEST, FL 33947

**Current Mailing Address:**

PO BOX 3085  
PLACIDA, FL 33946 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FREEMAN, PAUL T  
3754 CAPE HAZE DR  
ROTONDA WEST, FL 33947 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:** PAUL T FREEMAN

03/29/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	VP	Title	AUTHORIZED MEMBER
Name	BOWIE, LARRY	Name	GIORDANO, FRANK
Address	PO BOX 3085	Address	PO BOX 3085
City-State-Zip:	PLACIDA FL 33946	City-State-Zip:	PLACIDA FL 33946
Title	AUTHORIZED MEMBER	Title	PRESIDENT
Name	WOODY, AL	Name	BUCCINE, ROSEANNE
Address	PO BOX 3085	Address	PO BOX 3085
City-State-Zip:	PLACIDA FL 33946	City-State-Zip:	PLACIDA FL 33946
Title	TREASURER	Title	SECRETARY
Name	BALZARINI, JACK	Name	BARTON, TINA
Address	PO BOX 3085	Address	PO BOX 3085
City-State-Zip:	PLACIDA FL 33946	City-State-Zip:	PLACIDA 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:** ROSEANNE BUCCINE

PRESIDENT

03/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date