

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000248330

**Entity Name:** DOCTOR CHICHA LLC

**Current Principal Place of Business:**

447 NW 36TH AVENUE  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

447 NW 36TH AVENUE  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 83-2328410

**Certificate of Status Desired:** No

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

RODRIGUEZ, PAMELA CAROLINA  
447 NW 36TH AVENUE  
DEERFIELD BEACH, FL 33442 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:** PAMELA RODRIGUEZ

01/14/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name LOPEZ, MANUEL  
Address 447 NW 36TH AVENUE  
City-State-Zip: DEERFIELD BEACH FL 33442

Title AMBR  
Name RODRIGUEZ, PAMELA  
Address 447 NW 36TH AVENUE  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** PAMELA RODRIGUEZ

**OWNER**

01/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date