

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000129445

**Entity Name:** CHS334, LLC

**Current Principal Place of Business:**

262 4TH AVENUE NORTH  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

3390 PEACHTREE ROAD, NE  
SUITE 100  
ATLANTA, GA 30326

**FEI Number:** 84-1906369

**Certificate of Status Desired:** No

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

GAIRING, CLARK  
262 4TH AVENUE NORTH  
ST. PETERSBURG, FL 33734 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 AP  
Name HAMMOND, SHERI  
Address 3390 PEACHTREE ROAD, SUITE 100  
City-State-Zip: ATLANTA GA 30326

Title AMBR  
Name BWIA LLC  
Address 262 4TH AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33701

*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:** SHERI HAMMOND

**CFO**

**02/19/2020**

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

\_\_\_\_\_  
Date