#### **2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000131575

**Entity Name: CHAOTIC LYBERATIONS LLC** 

FILED
May 01, 2024
Secretary of State
3855541239CC

## **Current Principal Place of Business:**

3555 ST. JOHN'S BLUFF UNIT 229 JACKSONVILLE, FL 32224

# **Current Mailing Address:**

3555 SAINT JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32224 US

FEI Number: 85-1113731 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MCCLENDON, LADREKA 3555 SAINT JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32224 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 MANAGER

Name MCCLENDON, LADREKA

Address 3555 SAINT JOHNS BLUFF ROAD

SOUTH

City-State-Zip: JACKSONVILLE FL 32224

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: MCCLENDON, LADREKA

MANAGER

05/01/2024

Date