

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

DOCUMENT# L20000232665

**Entity Name:** CH LIFESTYLE LLC

**Current Principal Place of Business:**

3508 NW 114 AVE  
203  
DORAL, FL 33178

**FILED**  
**May 24, 2024**  
**Secretary of State**  
**8830207919CC**

**Current Mailing Address:**

3508 NW 114 AVE  
203  
DORAL, FL 33178 US

**FEI Number:** 85-2492932

**Certificate of Status Desired:** No

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

URBINA, ENRIQUE  
3508 NW 114 AVE  
203  
DORAL, FL 33178 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            AMBR  
Name            URBINA RIVERA, ENRIQUE  
Address        3508 NW 114 AVE  
                  203  
City-State-Zip: DORAL FL 33178

Title            MBR  
Name            JORDAN GOMEZ, LIZETTE  
Address        3508 NW 114 AVE  
                  203  
City-State-Zip: DORAL FL 33178

Title            MBR  
Name            PUENTES, CARLOS  
Address        3508 NW 114 AVE  
                  203  
City-State-Zip: DORAL FL 33178

*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:** ENRIQUE URBINA RIVERA

AMBR

05/24/2024

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

\_\_\_\_\_  
Date