

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000272934

Entity Name: MM CHIPOLA ENTERPRISES, LLC**Current Principal Place of Business:**186 TRACY CT E.
HAINES CITY, FL 33844**Current Mailing Address:**186 TRACY CT E.
HAINES CITY, FL 33844**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORGAN, DERRICK L SR.
4469 COOL EMERALD DRIVE
TALLAHASSEE, FL 32303 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:** DERRICK L MORGAN SR.

05/01/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name GREEN, WILLIAM D
Address 186 TRACY CT. E
City-State-Zip: HAINES CITY FL 33844

Title MANAGER
Name RILEY, TINISHA M
Address 2021 9TH STREET NW
City-State-Zip: WINTER HAVEN FL 33881

Title MANAGER
Name MORGAN, COZZIE M
Address 2141 WATERFORD CIRCLE
City-State-Zip: TUSCALOOSA AL 35405

Title MANAGER
Name MORGAN, TRAVIS
Address 37 EMILY ST
City-State-Zip: SPRINGFIELD MA 01109

Title MANAGER
Name MARQUIS, MORGAN
Address 717 SANDY BAR DRIVE
City-State-Zip: WINTER GARDEN FL 34787

Title MANAGER
Name MORGAN, MYRA
Address 37 EMILY STREET
City-State-Zip: SPRINGFIELD MA 01109

Title MANAGER
Name MORGAN, TYRIKA
Address 4469 COOL EMERALD DRIVE
City-State-Zip: TALLAHASSEE FL 32303

Title MANAGER
Name MORGAN, DERRICK SR
Address 4469 COOL EMERALD DR
City-State-Zip: TALLAHASSEE FL 32303

Continues on page 2

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: DERRICK MORGAN SR.

MANAGER

05/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	MORGAN, SARETTA
Address	314 E. WELDON AVE.
City-State-Zip:	PHOENIX AZ 85012