

2024 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:** 85-3090880**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.

02/18/2024

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	MORGAN, COZZIE M
Address	2141 WATERFORD CIRCLE
City-State-Zip:	TUSCALOOSA AL 35405
Title	MANAGER
Name	MARQUIS, MORGAN
Address	717 SANDY BAR DRIVE
City-State-Zip:	WINTER GARDEN FL 34787
Title	MANAGER
Name	MORGAN, TYRIKA
Address	4469 COOL EMERALD DRIVE
City-State-Zip:	TALLAHASSEE FL 32303

Title	MANAGER
Name	RILEY, TINISHA M
Address	2021 9TH STREET NW
City-State-Zip:	WINTER HAVEN FL 33881
Title	MANAGER
Name	MORGAN, TRAVIS
Address	37 EMILY ST
City-State-Zip:	SPRINGFIELD MA 01109
Title	MANAGER
Name	MORGAN, MYRA
Address	37 EMILY STREET
City-State-Zip:	SPRINGFIELD MA 01109
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

02/18/2024

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