

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000117173

**Entity Name:** CHAVIOBEN, LLC

**Current Principal Place of Business:**

3709 W MCKAY AVE  
TAMPA, FL 33609

**Current Mailing Address:**

3709 W MCKAY AVE  
TAMPA, FL 33609

**FEI Number:** 86-2799173

**Certificate of Status Desired:** No

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

FULLER, JOSH  
3709 W MCKAY AVE  
TAMPA, FL 33609 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            FULLER, JOSH  
Address        3709 W MCKAY AVE  
City-State-Zip: TAMPA FL 33609

*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:** JOSH FULLER

AMBR

04/29/2025

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

\_\_\_\_\_  
Date