

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000348086

**Entity Name:** CH1234, LLC

**Current Principal Place of Business:**

300 S. ORANGE AVE  
STE. 1000  
ORLANDO, FL 32801

**FILED**  
**Mar 28, 2022**  
**Secretary of State**  
**5101551556CC**

**Current Mailing Address:**

300 S. ORANGE AVE  
STE. 1000  
ORLANDO, FL 32801 US

**FEI Number:** 61-2001134

**Certificate of Status Desired:** Yes

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

RODRIGUEZ, JOAL  
300 S. ORANGE AVE  
STE. 1000  
ORLANDO, FL 32801 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 LUGO AGUIRRE, ALEJANDRA  
Address 300 S. ORANGE AVE  
STE. 1000  
City-State-Zip: ORLANDO FL 32801

Title AMBR  
Name URIBE ARRIAGA, PAULO  
Address 300 S. ORANGE AVE  
STE. 1000  
City-State-Zip: ORLANDO FL 32801

Title AMBR  
Name URIBE VERA, DIEGO  
Address 300 S. ORANGE AVE  
STE. 1000  
City-State-Zip: ORLANDO FL 32801

Title AMBR  
Name URIBE VERA, PAULO  
Address 300 S. ORANGE AVE  
STE. 1000  
City-State-Zip: ORLANDO FL 32801

Title AMBR  
Name PEREZ LUGO, XIMENA  
Address 300 S. ORANGE AVE  
STE. 1000  
City-State-Zip: ORLANDO FL 32801

Title AMBR  
Name ESPINOSA LOPEZ, HECTOR  
Address 300 S. ORANGE AVE  
STE. 1000  
City-State-Zip: ORLANDO FL 32801

*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:** PAULO URIBE ARRIAGA

AMBR

03/28/2022

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

\_\_\_\_\_  
Date