

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000402703

**Entity Name:** CHIPPY CONSULTING LLC

**Current Principal Place of Business:**

555 NE 8TH STREET  
APT. 1002  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

555 NE 8TH STREET  
APT. 1002  
FORT LAUDERDALE, FL 33304

**FEI Number:** 93-3174477

**Certificate of Status Desired:** No

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

GARFINKEL, KEITH A  
555 NE 8TH STREET  
1002  
FORT LAUDERDALE, FL 33304 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 AR  
Name GARFINKEL, KEITH A  
Address 555 NE 8TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33304

*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:** KEITH GARFINKEL

**MANAGER**

**01/31/2024**

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

\_\_\_\_\_  
Date