

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002177

**Entity Name:** CHANCE PARTNERS MANAGEMENT, LLC

**Current Principal Place of Business:**

1451 HOME ST  
C/O CHANCE PARTNERS  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

PO BOX 10292  
C/O CHANCE PARTNERS  
JACKSONVILLE, FL 32247 US

**FEI Number:** 27-4941478

**Certificate of Status Desired:** Yes

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** KATIE WONSCH, ASSISTANT SECRETARY

03/16/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BOBILIN, JUDD  
Address PO BOX 10292  
C/O CHANCE PARTNERS  
City-State-Zip: JACKSONVILLE FL 32247

Title MANAGER  
Name ROSEN, JEFFREY  
Address PO BOX 10292  
C/O CHANCE PARTNERS  
City-State-Zip: JACKSONVILLE FL 32247

Title AUTHORIZED REPRESENTATIVE  
Name PRITCHARD, ELIZABETH  
Address PO BOX 10292  
C/O CHANCE PARTNERS  
City-State-Zip: JACKSONVILLE FL 32247

*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:** ELIZABETH PRITCHARD

AUTHORIZED REP

03/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date