## 2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000002177

Entity Name: CHANCE PARTNERS MANAGEMENT, LLC

Apr 30, 2018

**Secretary of State** CC0778821849

**FILED** 

## **Current Principal Place of Business:**

25 N MARKET STREET STE 201 C/O CHANCE PARTNERS JACKSONVILLE, FL 32202

## **Current Mailing Address:**

25 N MARKET STREET STE 201 C/O CHANCE PARTNERS JACKSONVILLE, FL 32202 US

FEI Number: 27-4941478 Certificate of Status Desired: No

## 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 04/30/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title MGR Title MANAGER

BOBILIN, JUDD Name Name ROSEN, JEFFREY

Address 25 N MARKET STREET STE 201 Address 25 N MARKET STREET STE 201

> C/O CHANCE PARTNERS C/O CHANCE PARTNERS

JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 City-State-Zip: City-State-Zip:

Title **AUTHORIZED REPRESENTATIVE** 

PRITCHARD, ELIZABETH Name

25 N MARKET STREET STE 201 Address

C/O CHANCE PARTNERS

JACKSONVILLE FL 32202 City-State-Zip:

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 REPRESENTATIVE 04/30/2018