

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500006389

**FILED**  
**Apr 01, 2019**  
**Secretary of State**  
**3190588222CC**

**Entity Name:** CHADMAN ENTERPRISES LLC

**Current Principal Place of Business:**

1571 N NOVA ROAD  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

8800 APPLEKNOLL STREET NW  
MASSILLON, OH 44646

**FEI Number:** 46-5218036

**Certificate of Status Desired:** No

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

KAYALI & O P.A. CERTIFIED ACCOUNTANT  
13250 N 56TH STREET STE 102  
TAMPA, FL 33617 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           OWNR  
Name           BOWLING, CHAD J  
Address        1571 N NOVA ROAD  
City-State-Zip: ORMOND BEACH FL 32174

Title           OMGR  
Name           FRANKS, CHRISTI  
Address        1571 N NOVA ROAD  
City-State-Zip: ORMOND BEACH FL 32174

Title           CERTIFIED PUBLIC ACCOUNTANT  
Name           APPLE GROWTH PARTNERS  
Address        1540 WEST MARKET STREET  
City-State-Zip: AKRON OH 44313

*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:** CHRISTI FRANKS

**OFFICE MANAGER**

**04/01/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date