

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000004743

Entity Name: CHANCE PHILIPS OWNER, LLC

Current Principal Place of Business:

1800 ATLANTIC BLVD
C/O CHANCE PARTNERS
JACKSONVILLE, FL 32207

Current Mailing Address:

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

FEI Number: 82-1477566

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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

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

Title VP
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

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date