

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A13000000746

**Entity Name:** CHICKENHELMET LP

**Current Principal Place of Business:**

4095 SE OLD ST. LUCIE BLVD.  
STUART, FL 34996

**Current Mailing Address:**

4095 SE OLD ST. LUCIE BLVD.  
STUART, FL 34996 US

**FEI Number:** 36-4789762

**Certificate of Status Desired:** No

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

HALESKI, JOSEPH W  
4095 SE OLD ST. LUCIE BLVD.  
STUART, FL 34996 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:** JOSEPH W HALESKI

03/28/2023

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document # L13000169934

Name CHICKENHELMET GP LLC

Address 4095 SE OLD ST. LUCIE BLVD.

City-State-Zip: STUART FL 34996

*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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH HALESKI

AGENT

03/28/2023

Electronic Signature of Signing General Partner Detail

Date