

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000044404

**FILED**  
**Apr 12, 2018**  
**Secretary of State**  
**CC3956465945**

**Entity Name:** SANTIAGO CHOPPER SPECIALTIES LLC

**Current Principal Place of Business:**

6412 US HWY 301 SOUTH  
SUITE A  
RIVERVIEW, FL 33578

**Current Mailing Address:**

6412 US HWY 301 SOUTH  
SUITE A  
RIVERVIEW, FL 33578 US

**FEI Number:** 05-0604490

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 MGRM  
Name BERNARD, ALAIN F  
Address 6412 US HWY 301 S  
SUITE A  
City-State-Zip: RIVERVIEW FL 33578

Title MGR  
Name BASHAW, MICHAEL E  
Address 6412 US HWY 301 SOUTH  
SUITE A  
City-State-Zip: RIVERVIEW FL 33578

Title T  
Name BERNARD, CHRISTINE  
Address 6412 US HWY 301 SOUTH  
SUITE A  
City-State-Zip: RIVERVIEW FL 33578

*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:** ALAIN BERNARD

**MANAGER**

**04/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date