

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000095511

**FILED**  
**Jan 12, 2021**  
**Secretary of State**  
**1582261516CC**

**Entity Name:** UTCHI LLC

**Current Principal Place of Business:**

4839 VOLUNTEER ROAD  
SUITE # 210  
DAVIE, FL 33330-2129

**Current Mailing Address:**

4839 VOLUNTEER ROAD  
SUITE # 210  
DAVIE, FL 33330-2129 US

**FEI Number:** 80-0837516

**Certificate of Status Desired:** No

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

HEID, ERNST -  
4839 VOLUNTEER ROAD  
SUITE # 210  
DAVIE, FL 33330-2129 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 MGR  
Name HEID, ERNST  
Address 4839 VOLUNTEER ROAD  
SUITE # 210  
City-State-Zip: DAVIE FL 33330-2129

Title MGRM  
Name ANGARITA, MARTHA L  
Address 4839 VOLUNTEER ROAD  
SUITE # 210  
City-State-Zip: DAVIE FL 33330-2129

Title MGRM  
Name HEID, NICOLE  
Address 4839 VOLUNTEER ROAD  
SUITE # 210  
City-State-Zip: DAVIE FL 33330-2129

*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:** ERNST HEID

**PRESIDENT**

**01/12/2021**

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

\_\_\_\_\_  
Date