

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000169934

**Entity Name:** CHICKENHELMET GP LLC

**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:** 46-4280141

**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

**Authorized Person(s) Detail :**

Title MGRM  
Name BAIER, KRISTIN K  
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 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:** KRISTIN BAIER

MANAGING MEMEBER

03/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date