## 2021 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 04/13/2021

Electronic Signature of Registered Agent

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: BAIER, KRISTIN K MGRM 04/13/2021

FILED Apr 13, 2021

**Secretary of State** 

7617796968CC

Date