

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000049100

**Entity Name:** CHOOK LLC

**Current Principal Place of Business:**

7000 N ATLANTIC AVE  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

8523 N ATLANTIC AVE  
CAPE CANAVERAL, FL 32920 US

**FEI Number:** 46-5192803

**Certificate of Status Desired:** No

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

COMELCHOOK, PETER R  
8523 N ATLANTIC AVE  
CAPE CANAVERAL, FL 32920 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 AMBR  
Name COMELCHOOK, PETER R  
Address 1260 SHADY LANE  
City-State-Zip: MERRITT ISLAND FL 32950

Title AMBR  
Name COMELCHOOK, ELISE L  
Address 1260 SHADY LANE  
City-State-Zip: MERRITT ISLAND FL 32952

*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:** PETER COMELCHOOK

MEMBER

04/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date