

**2017 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:**

109 LINCOLN 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  
109 LINCOLN 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        109 LINCOLN AVE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title            AMBR  
Name            COMELCHOOK, ELISE L  
Address        109 LINCOLN AVE  
City-State-Zip: CAPE CANAVERAL FL 32920

*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

AMBER

02/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date