

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000100914

**Entity Name:** CHK 18 26 L.L.C.

**Current Principal Place of Business:**

15801 BISCAYNE BLVD  
SUITE 203  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

15801 BISCAYNE BLVD  
SUITE 203  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number:** 47-1221120

**Certificate of Status Desired:** No

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

PIEDRA & COMPANY CPA, PA  
9100 SOUTH DADELAND BLVD  
SUITE 912  
MIAMI, FL 33160 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 KAMHAZI, ALBERTO  
Address 15801 BISCAYNE BLVD SUITE 203  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title MGR  
Name KAMHAZI, JACOBO  
Address 15801 BISCAYNE BLVD SUITE 203  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title MANAGER  
Name KAMHAZI, SHLOMO  
Address 15801 BISCAYNE BLVD  
203  
City-State-Zip: NORTH MIAMI BEACH FL 33160

*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:** ALBERTO KAMHAZI

**MANAGER**

**01/21/2019**

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

\_\_\_\_\_  
Date