

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000150370

**Entity Name:** CHENGARIKAY, LLC

**Current Principal Place of Business:**

403 SOUTH CIRUS AVE  
405 SOUTH CIRUS AVE  
CLEARWATER, FL 33765

**Current Mailing Address:**

873 WEST BAY DR. #152  
LARGO, FL 33770

**FEI Number:** 27-4339513

**Certificate of Status Desired:** No

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

FRANGIE, PHILIP  
873 WEST BAY DR. #152  
LARGO, FL 33770 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 FRANGIE, PHILIP  
Address 873 WEST BAY DR. #152  
City-State-Zip: LARGO FL 33770

Title MGR  
Name FRANGIE, CATHERINE  
Address 873 WEST BAY DR. #152  
City-State-Zip: LARGO FL 33770

Title AMBR  
Name FRANGIE, CHARLES  
Address 873 WEST BAY DR. #152  
City-State-Zip: LARGO FL 33770

Title MGR  
Name FRANGIE, SOLOMON  
Address 873 WEST BAY DR. #152  
City-State-Zip: LARGO FL 33770

*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:** SOLOMON FRANGIE

**MANAGING MEMBER**

**02/28/2018**

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

\_\_\_\_\_  
Date