

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000015401

Entity Name: CHB PARTNERSHIP, LLC

Current Principal Place of Business:

106 WEST STANLEY STREET
TAMPA, FL 33604

Current Mailing Address:

PO BOX 9127
TAMPA, FL 33674-9127

FEI Number: 47-2757130

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, WILLIAM A
106 WEST STANLEY STREET
TAMPA, FL 33604 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 BROWN, WILLIAM A
Address PO BOX 9127
City-State-Zip: TAMPA FL 33674-9127

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: WILLIAM A. BROWN

MP

01/29/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date