

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000019566

Entity Name: CHRONIC WARRIOR COLLECTIVE, LLC

Current Principal Place of Business:

7101 WINDING LAKE CIRCLE
OVIEDO, FL 32765

Current Mailing Address:

7101 WINDING LAKE CIRCLE
OVIEDO, FL 32765 US

FEI Number: 47-3038702

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARCHILLA, DENISE
7101 WINDING LAKE CIRCLE
OVIEDO, FL 32765 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 ARCHILLA, DENISE
Address 7101 WINDING LAKE CIRCLE
City-State-Zip: OVIEDO FL 32765

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: DENISE H ARCHILLA

MGR

04/10/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date