

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000019566

**Entity Name:** CHRONIC CONNECTION, LLC

**Current Principal Place of Business:**

7101 WINDING LAKE CIRCLE  
OVIEDO, FL 32765

**Current Mailing Address:**

7101 WINDING LAKE CIRCLE  
OVIEDO, FL 32765

**FEI Number:** 47-3038702

**Certificate of Status Desired:** Yes

**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 ARCHILLA

**MANAGER**

**04/18/2017**

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

\_\_\_\_\_  
Date