

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000077168

Entity Name: CHOQUETTES LLC

Current Principal Place of Business:

50 NE 50 TERRACE
MIAMI, FL 33137

Current Mailing Address:

50 NE 50 TERRACE
MIAMI, FL 33137

FEI Number: 47-4186443

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POSTEL, CLAUDE A
50 NE 50 TERRACE
MIAMI, FL 33137 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: CLAUDE POSTEL

02/13/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	POSTEL, CLAUDE	Name	FINOT, CORENTIN
Address	50 NE 50 TERRACE	Address	50 NE 50 TERRACE
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137

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: CLAUDE POSTEL

MGR

02/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date