

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000213339

Entity Name: CHOMOGROUP LLC

Current Principal Place of Business:

2546 6TH AVE S  
SAINT PETERSBURG, FL 33712

Current Mailing Address:

2546 6TH AVE S  
SAINT PETERSBURG, FL 33712 US

FEI Number: 81-1147030

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOSLEY, CHONTELL  
2546 6TH AVE S  
SAINT PETERSBURG, FL 33712 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: CHONTELL MOSLEY

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR, COO, CEO, DIRECTOR  
Name MOSLEY, CHONTELL  
Address 2546 6TH AVE S  
City-State-Zip: SAINT PETERSBURG FL 33713

Title AMBR, GENERAL MANAGER, MANAGER  
Name MOSLEY, MICHELE DENISE  
Address 2546 6TH AVE S  
City-State-Zip: SAINT PETERSBURG FL 33712

Title DIRECTOR, AUTHORIZED MEMBER, MANAGER  
Name KEYS, MICHAEL  
Address 2546 6TH AVE S  
City-State-Zip: SAINT PETERSBURG FL 33712

Title AUTHORIZED MEMBER, CO-TRUSTEE, MANAGER  
Name KEYS, BARBARA  
Address 2546 6TH AVE S  
City-State-Zip: SAINT PETERSBURG FL 33712

Title AUTHORIZED MEMBER, AUTHORIZED REPRESENTATIVE, MANAGER  
Name CHOMOGROUP HOLDINGS LLC  
Address 2546 6TH AVE S  
City-State-Zip: SAINT PETERSBURG FL 33712

Title AUTHORIZED MEMBER, MANAGER  
Name BOYD, FRANCINE  
Address 2546 6TH AVE S  
City-State-Zip: SAINT PETERSBURG FL 33712

*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: CHONTELL MOSLEY

DIRECTOR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date