#### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000017539

#### Entity Name: FAS BP, LLC

# **Current Principal Place of Business:**

11215 METRO PRKWY FT MYERS, FL 33966

# **Current Mailing Address:**

11215 METRO PRKWY FT MYERS, FL 33966 US

#### FEI Number: 59-0652291

# Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 US Certificate of Status Desired: Yes

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

# Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER	Title	MANAGER
Name	CHICO'S FAS, INC.	Name	GUIDO, PATRICK
Address	11215 METRO PRKWY	Address	11215 METRO PARKWAY
City-State-Zip:	FT MYERS FL 33966	City-State-Zip:	FORT MYERS FL 33966
Title	TREASURER	Title	SECRETARY
Title Name	TREASURER SCHOCKLING, KEVIN	Title Name	SECRETARY HUFFORD, WENDY
Name Address	SCHOCKLING, KEVIN	Name Address	HUFFORD, WENDY

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: KEVIN R SCHOCKLING

TREASURER

03/20/2023

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Mar 20, 2023 Secretary of State 1665524246CC