

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000067770

**Entity Name:** CHRISHELLE III, LLC

**Current Principal Place of Business:**

4131/4135 BONITA BEACH ROAD  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

9 SHAWEE STREET  
DANBURY, CT 06810 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JAMES KARL & ASSOCIATES P.A.  
1095 BALD EAGLE DR  
SUITE 1  
MARCO ISLAND, FL 34145 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                | Title           | MGR               |
| Name            | MASSIMI, CHARLES P | Name            | MASSIMI, PAMELA E |
| Address         | 9 SHAWEE STREET    | Address         | 9 SHAWEE STREET   |
| City-State-Zip: | DANBURY CT 06810   | City-State-Zip: | DANBURY CT 06810  |

*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:** MASSIMI , CHARLES P

**MGR**

**05/01/2022**

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

\_\_\_\_\_  
Date