

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000227633

**Entity Name:** MOGUL CHIX LLC

**Current Principal Place of Business:**

16551 CAGAN CROSSINGS BLVD  
CLERMONT, FL 34714

**Current Mailing Address:**

P.O. BOX 137464  
CLERMONT, FL 34713 US

**FEI Number: 81-2903645**

**Certificate of Status Desired: No**

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

GRAHAM, ADRIENNE D  
16551 CAGAN CROSSINGS BLVD  
CLERMONT, FL 34714 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 GRAHAM, ADRIENNE D  
Address 16551 CAGAN CROSSINGS BLVD  
City-State-Zip: CLERMONT FL 34714

*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: ADRIENNE GRAHAM**

**CEO**

**04/30/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date