

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000000922

Entity Name: CHOOLETS, LLC.

Current Principal Place of Business:

5920 MIDNIGHT PASS ROAD
APT. T407
SARASOTA, FL 34242

Current Mailing Address:

P. O. BOX 527443
MIAMI, FL 33152

FEI Number: 38-4023150

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA CORPORATE REGISTERED AGENTS, LLC.
3901 NW 79TH. AVENUE
SUITE 104
DORAL, FL 33166 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 | ESCUDE, JULIAN MATIAS | Name | GOMEZ, CECILIA G |
| Address | 5920 MIDNIGHT PASS ROAD, STE T407 | Address | 5920 MIDNIGHT PASS ROAD, STE T407 |
| City-State-Zip: | SARASOTA FL 34242 | City-State-Zip: | SARASOTA FL 34242 |

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: JULIAN MATIAS ESCUDER

MANAGER

02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date