

**2023 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	MANAGER	Title	MANAGER
Name	ESCUDE, JULIAN MATIAS	Name	GOMEZ, CECILIA GABRIELA
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**

**01/28/2023**

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

\_\_\_\_\_  
Date