

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000175233

**Entity Name:** MM CHL LLC

**Current Principal Place of Business:**

3030 N ROCKY POINT DR. STE 150A  
TAMPA, FL 33607

**Current Mailing Address:**

PO BOX 781691  
ORLANDO, FL 32878 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 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           | AUTHORIZED MEMBER | Title           | AUTHORIZED MEMBER |
| Name            | NGO, LAI V        | Name            | NGO, XUAN T       |
| Address         | PO BOX 781691     | Address         | PO BOX 781691     |
| City-State-Zip: | ORLANDO FL 32878  | City-State-Zip: | ORLANDO FL 32878  |

*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:** XUAN T. NGO

AMGR

04/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date