

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000159664

Entity Name: CHILL-N SOUTH BEACH LLC**Current Principal Place of Business:**723 N LINCOLN LANE
UNIT 109
MIAMI BEACH, FL 33139**Current Mailing Address:**11450 SW 84 AVENUE
MIAMI, FL 33156 US**FEI Number:** 30-1101299**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHILL-N LLC
11450 SW 84 AVENUE
MIAMI, FL 33156 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	GOLIK, DANIEL W	Name	GOLIK, DONNA M
Address	11450 SW 84 AVENUE	Address	11450 SW 84 AVENUE
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33156

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: DONNA GOLIK

MANAGER

01/30/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date