

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000156760

**Entity Name:** CHASETREE LLC

**Current Principal Place of Business:**

8240 SW 94 STREET  
MIAMI, FL 33156

**Current Mailing Address:**

P.O. BOX 1333  
MIAMI, FL 33143 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PALMIERI, THOMAS J ESQ.  
340 MINORCA AVE.  
SUITE 1  
CORAL GABLES, FL 33134 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            AMBR  
Name            SCHULZE, MIRIAM J  
Address        8240 SW 94 STREET  
City-State-Zip: MIAMI FL 33156

Title            AP  
Name            ALFONSO, JENNIFER  
Address        8240 SW 94 STREET  
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:** JENNIFER ALFONSO

AP

04/17/2023

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

\_\_\_\_\_  
Date