

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000245169

Entity Name: CHICAGO ME UP, LLC**Current Principal Place of Business:**6760 NW 44TH STREET
CORAL SPRINGS, FL 33067**Current Mailing Address:**6760 NW 44TH STREET
CORAL SPRINGS, FL 33067 US**FEI Number:** 85-2797951**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FORD, MADELINE J
6760 NW 44TH STREET
CORAL SPRINGS, FL 33067 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
Name	FORD, MEGAN J
Address	6760 NW 44TH STREET
City-State-Zip:	CORAL SPRINGS FL 33067

Title	MGR
Name	FORD, MARTIN J
Address	6760 NW 44TH STREET
City-State-Zip:	CORAL SPRINGS FL 33067

Title	AUTHORIZED MEMBER
Name	FORD, MARY JO
Address	6760 NW 44TH STREET
City-State-Zip:	CORAL SPRINGS FL 33067

Title	AUTHORIZED MEMBER
Name	FORD, MARTIN J III
Address	6760 NW 44TH STREET
City-State-Zip:	CORAL SPRINGS FL 33067

Title	AUTHORIZED MEMBER
Name	FORD, MADELINE J
Address	6760 NW 44TH STREET
City-State-Zip:	CORAL SPRINGS FL 33067

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: MEGAN J FORD**MANAGER****02/14/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date