

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000272934

**Entity Name:** MM CHIPOLA ENTERPRISES, LLC

**Current Principal Place of Business:**

186 TRACY CT E.  
HAINES CITY, FL 33844

**Current Mailing Address:**

186 TRACY CT E.  
HAINES CITY, FL 33844

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MORGAN, DERRICK L SR.  
4469 COOL EMERALD DRIVE  
TALLAHASSEE, FL 32303 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:** DERRICK L MORGAN SR.

05/01/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           GREEN, WILLIAM D  
Address        186 TRACY CT. E  
City-State-Zip: HAINES CITY FL 33844

Title           MANAGER  
Name           RILEY, TINISHA M  
Address        2021 9TH STREET NW  
City-State-Zip: WINTER HAVEN FL 33881

Title           MANAGER  
Name           MORGAN, COZZIE M  
Address        2141 WATERFORD CIRCLE  
City-State-Zip: TUSCALOOSA AL 35405

Title           MANAGER  
Name           MORGAN, TRAVIS  
Address        37 EMILY ST  
City-State-Zip: SPRINGFIELD MA 01109

Title           MANAGER  
Name           MARQUIS, MORGAN  
Address        717 SANDY BAR DRIVE  
City-State-Zip: WINTER GARDEN FL 34787

Title           MANAGER  
Name           MORGAN, MYRA  
Address        37 EMILY STREET  
City-State-Zip: SPRINGFIELD MA 01109

Title           MANAGER  
Name           MORGAN, TYRIKA  
Address        4469 COOL EMERALD DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

Title           MANAGER  
Name           MORGAN, DERRICK SR  
Address        4469 COOL EMERALD DR  
City-State-Zip: TALLAHASSEE FL 32303

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*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:** DERRICK MORGAN SR.

MANAGER

05/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           MORGAN, SARETTA  
Address        314 E. WELDON AVE.  
City-State-Zip: PHOENIX AZ 85012