

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000265698

**Entity Name:** CHOOKIDZ LLC

**Current Principal Place of Business:**

1650 MARGARET ST.  
STE 302.  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

1650 MARGARET ST.  
STE 302.  
JACKSONVILLE, FL 32204

**FEI Number:** 87-2037661

**Certificate of Status Desired:** Yes

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

MCCRIMAGER, SHENITA D  
1650 MARGARET ST  
STE 302  
JACKSONVILLE, FL 32204 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 MCCRIMAGER, SHENITA D  
Address 1226 BUNKER HILL BLVD  
City-State-Zip: JACKSONVILLE FL 32208

*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:** SHENITA MCCRIMAGER

**OWNER/MANAGER**

**04/28/2024**

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

\_\_\_\_\_  
Date