

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000048972

**Entity Name:** CHOOKY LLC

**Current Principal Place of Business:**

618 NW 16TH PLACE  
SUITE #1  
CAPE CORAL, FL 33904

**Current Mailing Address:**

618 NW 16TH PLACE  
SUITE #1  
CAPE CORAL, FL 33904 US

**FEI Number:** 99-0936452

**Certificate of Status Desired:** Yes

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

WILCOX, DAVE  
618 NW 16TH PLACE  
#1  
CAPE CORAL, FL 33993 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            AUTHORIZED MEMBER  
Name            HOOD, KYON  
Address        20 RUSTIC RIDGE RD  
City-State-Zip: FREDERICKSBURG VA 22405

Title            AUTHORIZED MEMBER  
Name            DAVE, WILCOX  
Address        618 NW 16TH PLACE  
                  SUITE #1  
City-State-Zip: CAPE CORAL FL 33904

*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:** KYON HOOD

**AUTHORIZED MEMBER**

**01/27/2024**

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

\_\_\_\_\_  
Date