

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000509369

**Entity Name:** CHIRALITY LLC

**Current Principal Place of Business:**

915 CANTON STREET  
ORLANDO, FL 32803

**Current Mailing Address:**

915 CANTON STREET  
ORLANDO, FL 32803 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LEON, LORRAINE F  
915 CANTON STREET  
ORLANDO, FL 32803 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	Title	AMBR
Name	JACKSON, JEFFREY D	Name	LEON, LORRAINE F
Address	915 CANTON STREET	Address	915 CANTON STREET
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803

*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:** LORRAINE LEON

AMBR

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date