

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000529065

**Entity Name:** CHBS, LLC

**Current Principal Place of Business:**

1205 W SWANN AVENUE  
TAMPA, FL 33606

**Current Mailing Address:**

1205 W SWANN AVENUE  
TAMPA, FL 33606 US

**FEI Number:** 93-4650584

**Certificate of Status Desired:** No

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

TURNER, TODD S  
1205 W SWANN AVENUE  
TAMPA, FL 33606 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	MGRM	Title	MGRM
Name	KOEHLER, DEBRA F	Name	TURNER, TODD S
Address	1205 W SWANN AVE	Address	1205 W SWANN AVE
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

*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:** DEBRA F. KOEHLER

**MGRM**

**04/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date