

**2026 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M25000001372

**Entity Name:** CHILLAX INN HOLDINGS 1, LLC

**Current Principal Place of Business:**

87779 473RD AVE  
ATKINSON, NE 68713

**Current Mailing Address:**

PO BOX 488  
ATKINSON, NE 68713 US

**FEI Number:** 92-0820164

**Certificate of Status Desired:** No

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

AOSTA, MOORE, & SHRADER, PLLC  
225 E ROBINSON ST., STE 215  
ORLANDO, FL 32801 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 OGDEN, BRENT  
Address 87779 473RD AVE  
City-State-Zip: ATKINSON NE 68713

Title MBR  
Name OGDEN, BRENT  
Address 87779 473RD AVE  
City-State-Zip: ATKINSON NE 68713

Title MGR  
Name OGDEN, MICHELLE  
Address 87779 473RD AVE  
City-State-Zip: ATKINSON NE 68713

Title MBR  
Name OGDEN, MICHELLE  
Address 87779 473RD AVE  
City-State-Zip: ATKINSON NE 68713

*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:** BRENT OGDEN

**MEMBER**

**03/27/2026**

Electronic Signature of Signing Authorized Person(s) Detail

Date