

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000050612

**Entity Name:** CHESTNUT BUSINESS SERVICES, LLC**Current Principal Place of Business:**311 PARK PLACE BOULEVARD  
SUITE 300  
CLEARWATER, FL 33758**Current Mailing Address:**311 PARK PLACE BOULEVARD  
SUITE 300  
CLEARWATER, FL 33758 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LITTLE, MICHAEL G.  
311 PARK PLACE BLVD., SUITE 300  
CLEARWATER, FL 33758 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:** MICHAEL G. LITTLE

04/12/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LITTLE, MICHAEL G  
Address 311 PARK PLACE BOULEVARD  
SUITE 300  
City-State-Zip: CLEARWATER FL 33758

Title VP  
Name RIVELLINI, PETER A  
Address 311 PARK PLACE BOULEVARD  
SUITE 300  
City-State-Zip: CLEARWATER FL 33758

Title VP  
Name MAGIDSON, MICHAEL D  
Address 470 FIRST AVENUE S., #700  
City-State-Zip: ST. PETERSBURG FL 33701

Title VP  
Name GULBIS, VITAUTS  
Address 401 E. JACKSON STREET #3100  
City-State-Zip: TAMPA FL 33602

Title VP  
Name CONROY, WILLIAM  
Address 470 FIRST AVENUE S., #700  
City-State-Zip: ST. PETERSBURG FL 33701

Title VP  
Name GAYNOR, JOSEPH  
Address 311 PARK PLACE BOULEVARD  
SUITE 300  
City-State-Zip: CLEARWATER FL 33758

Title VP  
Name IGEL, MICHAEL A  
Address 470 FIRST AVENUE S. #700  
City-State-Zip: ST. PETERSBURG FL 33701

Title VP  
Name GRIMAUDO, NICHOLAS J  
Address 311 PARK PLACE BOULEVARD  
SUITE 300  
City-State-Zip: CLEARWATER FL 33758

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*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:** MICHAEL G. LITTLE**MANAGER**

04/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name SIMS, THOMAS  
Address 470 FIRST AVENUE S. #700  
City-State-Zip: ST. PETERSBURG FL 33701

Title VP  
Name TRABER, PATRICK  
Address 401 E. JACKSON ST. #3100  
City-State-Zip: TAMPA FL 33602

Title VP  
Name COVELLI, JOSEPH  
Address 401 EAST JACKSON STREET, SUITE 3100  
City-State-Zip: TAMPA FL 33602

Title VP  
Name GAD, JEFFREY  
Address 401 E. JACKSON ST., #3100  
City-State-Zip: TAMPA FL 33602

Title VP  
Name DINGMAN, CHRISTOPHER  
Address 401 E JACKSON ST. #3100  
City-State-Zip: TAMPA FL 33602

Title VP  
Name SITTIG, GRANT  
Address 401 E. JACKSON STREET, SUITE 3100  
City-State-Zip: TAMPA FL 33602