

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000049720

**Entity Name:** CHANCE CR RESIDENTIAL, LLC

**Current Principal Place of Business:**

1451 HOME STREET  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

P.O. BOX 10292  
JACKSONVILLE, FL 32247 US

**FEI Number:** 92-2119308

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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  
Name JUDD BOBILIN  
Address P.O. BOX 10292  
City-State-Zip: JACKSONVILLE FL 32247

Title AMBR  
Name JEFFREY ROSEN  
Address P.O. BOX 10292  
City-State-Zip: JACKSONVILLE FL 32247

Title AUTHORIZED REPRESENTATIVE  
Name PRITCHARD, ELIZABETH  
Address P.O. BOX 10292  
City-State-Zip: JACKSONVILLE FL 32247

*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:** ELIZABETH PRITCHARD

**CORPORATE  
CONTROLLER**

**04/30/2024**

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

\_\_\_\_\_  
Date