

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000097264

**Entity Name:** 192 CLUSTER, LLC

**Current Principal Place of Business:**

3904 ST. ANDREWS LOOP WEST  
MOBILE, AL 36693

**Current Mailing Address:**

3904 ST. ANDREWS LOOP WEST  
MOBILE, AL 36693 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

COHN, ALAN B  
100 WEST CYPRESS CREEK ROAD, STE 700  
FT. LAUDERDALE, FL 33309 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 MAYBERRY, MARCIA  
Address 3904 ST. ANDREWS LOOP WEST  
City-State-Zip: MOBILE AL 36693

*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:** MARCIA MAYBERRY

MGR

02/26/2014

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

\_\_\_\_\_ Date