

2017 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

MANAGER

02/11/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date