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. 01/08/2021

MGR

SIGNATURE: MICHAEL NICOLAU

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 45-4404704

NICOLAU, MICHAEL **520 SW BAILEY TERRACE** PORT SAINT LUCIE, FL 34953 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

Authorized Person(s) Detail :

Title MGR NICOLAU, MICHAEL Name **520 SW BAILEY TERRACE** Address City-State-Zip: PORT SAINT LUCIE FL 34953

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000010254

Entity Name: COST CUTTERS APPLIANCE REPAIR SERVICES L.L.C.

Current Principal Place of Business:

520 SW BAILEY TERRACE PORT SAINT LUCIE. FL 34953

Current Mailing Address:

520 SW BAILEY TERRACE PORT SAINT LUCIE. FL 34953

Name and Address of Current Registered Agent:

Certificate of Status Desired: No

Date

FILED Jan 08, 2021 Secretary of State 2230394941CC

Date