

**2017 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

**FEI Number: 45-4404704**

**Certificate of Status Desired: No**

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

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

Date

**Authorized Person(s) Detail :**

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

Title COO  
Name NICOLAU, MARSHA DIANE  
Address 520 SW BAILEY TERRACE  
City-State-Zip: PORT SAINT LUCIE FL 34953

*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 NICOLAU**

**MGR**

**02/11/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date