Current Principal Place of Business:			12938049	1293804937CC	
7273 OXFORD	COURT				
PALM BEACH (GARDENS, FL 33418				
Current Mail	ing Address:				
3680 INVES	IMENT LANE				
	BEACH, FL 33404 US				
FEI Number: 46-1638734			Certificate of Status Desired	d: No	
Name and A	ddress of Current Registered Agent:				
HYMAN, DAVID 7273 OXFORD PALM BEACH (
The above named	entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Florida		
	entity submits this statement for the purpose of changing its reg : DAVID HYMAN	istered office or regis	G	1/15/2020	
		istered office or regis	G		
SIGNATURE	: DAVID HYMAN	istered office or regis	G	1/15/2020	
SIGNATURE	: DAVID HYMAN Electronic Signature of Registered Agent	istered office or regist	G	1/15/2020	
SIGNATURE	DAVID HYMAN Electronic Signature of Registered Agent Person(s) Detail :		0	1/15/2020	
SIGNATURE Authorized I	DAVID HYMAN Electronic Signature of Registered Agent Person(s) Detail : MGR REVOCABLE TRUST OF DAVID	Title	0 MGR REVOCABLE TRUST OF LISA	1/15/2020	
SIGNATURE Authorized I Title Name Address	DAVID HYMAN Electronic Signature of Registered Agent Person(s) Detail : MGR REVOCABLE TRUST OF DAVID SCOTT HYMAN	Title Name Address	0 MGR REVOCABLE TRUST OF LISA SHELLEY HYMAN	1/15/2020	
SIGNATURE Authorized I Title Name Address	DAVID HYMAN Electronic Signature of Registered Agent Person(s) Detail : MGR REVOCABLE TRUST OF DAVID SCOTT HYMAN 8818 SE RIVERFRONT TERRACE	Title Name Address	0 MGR REVOCABLE TRUST OF LISA SHELLEY HYMAN 8818 SE RIVERFRONT TERRACE	1/15/2020	
SIGNATURE Authorized I Title Name Address	DAVID HYMAN Electronic Signature of Registered Agent Person(s) Detail : MGR REVOCABLE TRUST OF DAVID SCOTT HYMAN 8818 SE RIVERFRONT TERRACE	Title Name Address	0 MGR REVOCABLE TRUST OF LISA SHELLEY HYMAN 8818 SE RIVERFRONT TERRACE	1/15/2020	

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.

Ρ

SIGNATURE: DAVID HYMAN

Electronic Signature of Signing Authorized Person(s) Detail

FILED

01/15/2020

Date

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000160443

Entity Name: SQUARE CUT HOLDINGS LLC