

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000014065

Entity Name: CUIG LLC**Current Principal Place of Business:**327 SABINAL ST
OCOE, FL 34761**Current Mailing Address:**327 SABINAL ST
OCOE, FL 34761 US**FEI Number:** 46-4891666**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEUMAYER, GLADYS C
327 SABINAL ST
OCOE, FL 34761 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	CEO
Name	BENZAQUEN, JORGE L MR.
Address	327 SABINAL ST.
City-State-Zip:	OCOE FL 34761

Title	MGR
Name	BENZAQUEN, MARIO D MR.
Address	327 SABINAL ST.
City-State-Zip:	OCOE FL 34761

Title	MGR
Name	BENZAQUEN, VANESSA M
Address	327 SABINAL ST.
City-State-Zip:	OCOE FL 34761

Title	MGR
Name	BENZAQUEN, VERONICA C
Address	327 SABINAL ST.
City-State-Zip:	OCOE FL 34761

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: JORGE BENZAQUEN

MANAGER

01/09/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date