

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000195719

Entity Name: CIRRUSUP, LLC**Current Principal Place of Business:**6622 SOUTHPOINT DR S
SUITE 170
JACKSONVILLE, FL 32216**Current Mailing Address:**PO BOX 551255
JACKSONVILLE, FL 32255 US**FEI Number:** 47-2470998**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ATTER, HELEN
333-1 EAST MONROE ST
JACKSONVILLE, FL 32202 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	MANAGER
Name	SHIELDS, BILL
Address	PO BOX 551255
City-State-Zip:	JACKSONVILLE FL 32255

Title	MANAGER
Name	NICHOLS, JEFFREY
Address	PO BOX 551255
City-State-Zip:	JACKSONVILLE FL 32255

Title	MANAGER
Name	MAX, GROSSLING
Address	PO BOX 551255
City-State-Zip:	JACKSONVILLE FL 32255

Title	MANAGER
Name	TROUTMAN, JAMES
Address	PO BOX 551255
City-State-Zip:	JACKSONVILLE FL 32255

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: BILL SHIELDS

CFO

03/12/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date