

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000185207

Entity Name: RUN ACROSS CUBA, LLC**Current Principal Place of Business:**1401 SW 134 WAY
202C
PEMBROKE PINES, FL 33027**Current Mailing Address:**3551 BLAIRSTONE ROAD
SUITE 105
TALLAHASSEE, FL 32301**FEI Number:** 59-3204735**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PETERS, JEFF G
3551 BLAIRSTONE ROAD
SUITE 105
TALLAHASSEE, FL 32301 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	AMBR
Name	GARCIA, MARLENE G
Address	1401 SW 134 WAY 202C
City-State-Zip:	PEMBROKE PINES FL 33027

Title	T
Name	GARCIA, MARLENE G
Address	1401 SW 134 WAY 202C
City-State-Zip:	PEMBROKE PINES FL 33027

Title	AMBR
Name	GARCIA, ALEXIS
Address	1401 SW 134 WAY 202C
City-State-Zip:	PEMBROKE PINES FL 33027

Title	D
Name	GARCIA, ALEXIS
Address	1401 SW 134 WAY 202C
City-State-Zip:	PEMBROKE PINES FL 33027

Title	AMBR
Name	PETERS, JEFF G
Address	3551 BLAIRSTONE ROAD #105
City-State-Zip:	TALLAHASSEE FL 32301

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: MARLENE G GARCIA

AMBR

02/25/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date