

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000186122

**Entity Name:** TEAM-CUBE LLC

**Current Principal Place of Business:**

770 CLAUGHTON ISLAND DR  
SUITE 611  
MIAMI, FL 33131

**Current Mailing Address:**

770 CLAUGHTON ISLAND DR  
SUITE 611  
MIAMI, FL 33131 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

KILEDAR, ABHISHEK MR.  
770 CLAUGHTON ISLAND DR  
SUITE 611  
MIAMI, FL 33131 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:** ABHISHEK KILEDAR

05/01/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KILEDAR, ABHISHEK MR.  
Address 770 CLAUGHTON ISLAND DR  
SUITE 611  
City-State-Zip: MIAMI FL 33131

Title AR  
Name IGLESIAS, JORGE  
Address 770 CLAUGHTON ISLAND DR  
SUITE 611  
City-State-Zip: MIAMI FL 33131

Title AR  
Name HAZARI, SHASHANK  
Address AMBA NAGARI  
City-State-Zip: PUNA MH 41101-5

*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:** ABHISHEK KILEDAR

MANAGER

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date