## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000093948

Entity Name: BREAKUPWARD, LLC

**Current Principal Place of Business:** 

C/O 2605 PONCE DE LEON BOULEVARD

CORAL GABLES, FL 33134

## **Current Mailing Address:**

C/O 2605 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134 US

FEI Number: 81-2677349 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

TRESCOTT, CHELSEA L C/O 2605 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134 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

FILED Mar 09, 2022

**Secretary of State** 

1901946042CC

## Authorized Person(s) Detail:

Title MGR

Name TRESCOTT, CHELSEA L
Address C/O 2605 PONCE DE LEON

**BOULEVARD** 

City-State-Zip: CORAL GABLES FL 33134

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: CHELSEA L. TRESCOTT

Electronic Signature of Signing Authorized Person(s) Detail

**MGR** 

03/09/2022

Date