

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000233305

**Entity Name:** CARTIER MOVING SERVICES, LLC

**Current Principal Place of Business:**

4309 REFLECTION BLVD  
202  
SUNRISE, FL 33351

**Current Mailing Address:**

4309 REFLECTION BLVD  
202  
SUNRISE, FL 33351 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

NOEL, SEBASTIEN J  
4309 REFLECTION BLVD  
202  
SUNRISE, FL 33351 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:** SEBASTIEN J NOEL

04/30/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                             |                 |                           |
|-----------------|-----------------------------|-----------------|---------------------------|
| Title           | MRG                         | Title           | AUTHORIZED REPRESENTATIVE |
| Name            | NOEL, SEBASTIEN J           | Name            | JOHANNA, ANTOINE          |
| Address         | 4309 REFLECTION BLVD<br>202 | Address         | 7450 NW 17TH ST<br>204    |
| City-State-Zip: | SUNRISE FL 33351            | City-State-Zip: | PLANTATION FL 33313       |

*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:** SEBASTIEN J NOEL

**OWNER**

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date