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 NOEL

Electronic Signature of Signing Authorized Person(s) Detail

OWNER

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.

					ia.	
	SIGNATURE:	GNATURE: SEBASTIEN J NOEL			02/14/2020	
		Electronic Signature of Registered Agent			Date	
	Authorized Person(s) Detail :					
	Title I	MRG	Title	AUTHORIZED REPRESENTATIV	E	
	Name	NOEL, SEBASTIEN J	Name	JOHANNA, ANTOINE		
		4309 REFLECTION BLVD 202	Address	7450 NW 17TH ST 204		
	City-State-Zip:	SUNRISE FL 33351	City-State-Zip:	PLANTATION FL 33313		

SUNRISE, FL 33351 US

202 SUNRISE, FL 33351

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L16000233305

Entity Name: CARTIER MOVING SERVICES, LLC

Current Principal Place of Business:

4309 REFLECTION BLVD

Current Mailing Address:

4309 REFLECTION BLVD 202

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

NOEL, SEBASTIEN J 4309 REFLECTION BLVD 202 SUNRISE, FL 33351 US

Certificate of Status Desired: No

Date

02/14/2020