

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000082043

**Entity Name:** CUBE GROUP, LLC

**Current Principal Place of Business:**

9190 SW 72 ST  
SUITE 6  
MIAMI, FL 33173

**Current Mailing Address:**

9190 SW 72 ST  
SUITE 6  
MIAMI, FL 33173 US

**FEI Number:** 82-1707925

**Certificate of Status Desired:** No

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

RASKEN, ANDREW  
9190 SW 72 ST  
SUITE 6  
MIAMI, FL 33173 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 MGR  
Name RASKEN, ANDREW  
Address 9190 SW 72 ST  
SUITE 6  
City-State-Zip: MIAMI FL 33173

*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:** ANDREW RASKEN

**MANAGER**

**03/18/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date