

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000048856

**Entity Name:** CERTIFIED CUTS LLC

**Current Principal Place of Business:**

523 BAHIA CIR TRACK  
OCALA, FL 34472

**Current Mailing Address:**

P.O. BOX 831495  
OCALA, FL 34483 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

STURGILL, ZACHARY  
523 BAHIA CIR TRACK  
OCALA, FL 34472 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:** ZACHARY STURGILL

04/10/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            STURGILL, ZACHARY  
Address        523 BAHIA CIR TRACK  
City-State-Zip: Ocala FL 34472

*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:** ZACHARY STURGILL

AMBR

04/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date