

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000048856

Entity Name: CERTIFIED CUTS LLC

Current Principal Place of Business:

537 SE 19TH ST.
OCALA, FL 34471

Current Mailing Address:

537 SE 19TH ST.
OCALA, FL 34471 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STURGILL, STEPHEN
537 SE 19TH ST
OCALA, FL 34471 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 AMBR
Name STURGILL, STEPHEN
Address 537 SE 19TH ST.
City-State-Zip: Ocala FL 34471

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: STEPHEN STURGILL

REGISTERED AGENT

05/20/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date