

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000180095

**Entity Name:** POLYCAB USA LLC

**Current Principal Place of Business:**

2980 NE 207 STREET PH  
MIAMI, FL 33180

**Current Mailing Address:**

2980 NE 207 STREET PH  
MIAMI, FL 33180 US

**FEI Number:** 84-3726183

**Certificate of Status Desired:** No

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

GERSON, PRESTON, KLEIN, LIPS, EISENBERG, GELBER PA.  
4770 BISCAYNE BLVD. STE 400  
MIAMI, FL 33137 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:** ALAN LIPS

03/22/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AR  
Name LIPS, ALAN  
Address 4770 BISCAYNE BLVD. STE 400  
City-State-Zip: MIAMI FL 33137

*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:** ALAN LIPS

MANAGER

03/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date