

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000235375

Entity Name: SNAP CRACK FRANCHISING, LLC

Current Principal Place of Business:

815 NW 57 AVE
SUITE 405
MIAMI, FL 33126

Current Mailing Address:

815 NW 57 AVE
SUITE 405
MIAMI, FL 33126

FEI Number: 84-3112318

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHYSICIANS CENTRAL BUSINESS OFFICE, LLC
815 NW 57 AVE
SUITE 405
MIAMI, FL 33126 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 CERECEDA, MARK A
Address 815 NW 57 AVE SUITE 405
City-State-Zip: MIAMI FL 33126

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: MARK A CERECEDA

MGR

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date