

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000091031

**Entity Name:** CUE NETWORK COMPANY L.L.C.

**Current Principal Place of Business:**

3844 EXCHANGE AVE  
NAPLES, FL 34104

**Current Mailing Address:**

4615 BAYSHORE DRIVE E8  
NAPLES, FL 34112 US

**FEI Number:** 85-0516100

**Certificate of Status Desired:** No

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

BRADFIELD, DOUGLAS A  
4615 BAYSHORE DRIVE, E8  
NAPLES, FL 34112 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                  | Title           | MGR                         |
| Name            | NICHOLAS E BRADFIELD | Name            | BRADFIELD, DOUGLAS A BROKER |
| Address         | 387 OLD COMMERCE RD  | Address         | 4615 BAYSHORE DR E8         |
| City-State-Zip: | ATHENS GA 30607      | City-State-Zip: | NAPLES FL 34112             |

*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:** DOUGLAS BRADFIELD

**FOUNDER**

**04/30/2021**

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

\_\_\_\_\_  
Date