#### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000373926

Entity Name: LAUNCH CUSO HOLDINGS, LLC

**Current Principal Place of Business:** 

300 S. PLUMOSA STREET MERRITT ISLAND, FL 32952

### **Current Mailing Address:**

300 S. PLUMOSA STREET MERRITT ISLAND, FL 32952

FEI Number: 36-4979168 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

VCORP SERVICES, LLC 1200 S PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Jan 11, 2023

**Secretary of State** 

5730078138CC

#### Authorized Person(s) Detail:

Title MGR Title MGR

NameBREWER, MARK DNameMIRACHI, JOSEPHAddress646 PALOS VERDE DRIVEAddress941 HIALEAH STREETCity-State-Zip:SATELLITE BEACH FL 32937City-State-Zip:ROCKLEDGE FL 32955

Title MGR Title MGR

Name LEBEAU, KEVIN Name LEVAR, GARY

Address 3670 KITE STREET Address 2656 CORBY DRIVE #2113
City-State-Zip: TITUSVILLE FL 32796 City-State-Zip: ORANGE CITY FL 32763

Title MGR Title MGR

NameSCHROPP, JANENameMORGESE, DOMINICAddress724 CARRIAGE LANEAddress97 TREASURE LANE

City-State-Zip: MERRITT ISLAND FL 32952 City-State-Zip: ORMOND BEACH FL 32176

Title MGR Title MGR

NameSICCHIO , DANIELNameDAWLEY, STUARTAddress1605 FUJI DRIVEAddress149 OXFORD COURTCity-State-Zip:MELBOURNE FL 32940City-State-Zip:INDIALANTIC FL 32903

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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 D. BREWER MANAGER 01/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

# **Authorized Person(s) Detail Continued:**

Title MGR

Name MOECKLI, STANLEY
Address 1220 LABREA AVE

City-State-Zip: TITUSVILLE FL 32780