

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000376503

**Entity Name:** BAT CUTS UCF LLC

**Current Principal Place of Business:**

114 W. 1ST STREET  
SUITE 218  
SANFORD, FL 32771

**Current Mailing Address:**

114 W. 1ST STREET  
SUITE 218  
SANFORD, FL 32771 US

**FEI Number:** 85-4397685

**Certificate of Status Desired:** No

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

ANTONIK, TROY M  
114 W. 1ST STREET  
SUITE 218  
SANFORD, FL 32771 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           MANAGER  
Name           BAT CUTS, LLC  
Address        114 W. 1ST STREET  
                  SUITE 218  
City-State-Zip: SANFORD FL 32771

Title           MANAGER  
Name           ANTONIK, TROY  
Address        114 W. 1ST STREET  
                  SUITE 218  
City-State-Zip: SANFORD FL 32771

Title           MANAGER  
Name           BITTNER, ADRIAN  
Address        114 W. 1ST STREET  
                  SUITE 218  
City-State-Zip: SANFORD FL 32771

*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:** ADRIAN BITTNER

**MANAGER**

**04/30/2021**

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

\_\_\_\_\_  
Date