

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047335

Entity Name: CYQUIP, LLC

Current Principal Place of Business:

409 NIGHTHAWK LANE
ST. AGUSTINE, FL 32080

Current Mailing Address:

409 NIGHTHAWK LANE
ST. AGUSTINE, FL 32080 US

FEI Number: 20-2826097

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT ST.
SUITE 102
CLEARWATER, FL 33756 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 NIGHTHAWK MANAGEMENT, LLC
Address 409 NIGHT HAWK LANE
City-State-Zip: ST. AGUSTINE FL 32080

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: NIGHTHAWK MANAGEMENT, LLC

MGR

02/27/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date