

2015 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

FEI Number: 20-2826097

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KHAN, NISHAD A
425 WEST COLONIAL DRIVE STE 204
ORLANDO, FL 32804 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 HUND, PAUL W III
Address 409 NIGHTHAWK 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: PAUL W HUND III MD

PRESIDENT

04/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date