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

SIGNATURE: PATEL, RAJESHKUMAR P

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	PATEL, SHALESHKUMAR N	Name	PATEL, RAJESHKUMAR P
Address	4051 SW 49TH AVENUE	Address	8670 59TH TR
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34476
Title	MGRM		
Name	PATEL, VIKASKUMAR P		
Address	6222 SW 80TH LANE		
City-State-Zip:	OCALA FL 34476		

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.

8665 S MAGNOLIA AVENUE OCALA. FL 34476 US

FEI Number: 46-1352846

Current Mailing Address:

Name and Address of Current Registered Agent:

PATEL, RAJESHKUMAR P 1939 SW 34TH COURT

OCALA, FL 34474 US

SIGNATURE:

Current Principal Place of Business: 8665 S MAGNOLIA AVENUE OCALA, FL 34476

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT DOCUMENT# L12000141800

Entity Name: COST CUTTER PROPERTIES LLC

Certificate of Status Desired: No

that my name appears above, or on an attachment with all other like empowered. MGRM

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 29, 2021 Secretary of State 3682337758CC

Date

01/29/2021 Date