## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000025530

Entity Name: CUCSP LLC

**Current Principal Place of Business:** 

409 NW 10TH TERRACE

SUITE B2

HALLANDALE BEACH, FL 33009

**Current Mailing Address:** 

409 NW 10TH TERRACE

SUITE B2

HALLANDALE BEACH, FL 33009 US

FEI Number: 46-4835872 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AMERICA EXPERT LLC 409 NW 10TH TERRACE HALLANDALE BEACH, FL 33009 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: SIMONE PALMA 01/05/2016

**Electronic Signature of Registered Agent** 

Date

FILED Jan 05, 2016

**Secretary of State** 

CC2988851864

Authorized Person(s) Detail:

Title PST Title VP

Name OLIVEIRA, ANDRE LUIS Name DE OLIVEIRA, JOSE LUIZ
Address 409 NW 10TH TERRACE Address 409 NW 10TH TERRACE

SUITE B2 SUITE B2

City-State-Zip: HALLANDALE BEACH FL 33009 City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR

Name BENEVIDES DE OLIVEIRA, NORMA

MARIA

Address 409 NW 10TH TERRACE

SUITE B2

City-State-Zip: HALLANDALE BEACH FL 33009

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: ANDRE LUIS OLIVEIRA PRESIDENT 01/05/2016