

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000124788

**Entity Name:** TRU-CUT USA LLC

**Current Principal Place of Business:**

18197 USEPPA RD  
FT MYERS, FL 33967

**Current Mailing Address:**

PO BOX 1075  
ESTERO, FL 33929 US

**FEI Number:** 47-2654502

**Certificate of Status Desired:** No

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

CHAMBERS, BRYAN  
18197 USEPPA RD  
FT MYERS, FL 33967 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            AMBR  
Name            CHAMBERS, BRYAN R JR  
Address        8485 WINGEDFOOT DR  
City-State-Zip: FT MYERS FL 33967

Title            AMBR  
Name            CHAMBERS, BRYAN R  
Address        18197 USEPPA RD  
City-State-Zip: FT MYERS FL 33967

*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:** BRYAN CHAMBERS

AMBR

03/04/2016

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

\_\_\_\_\_  
Date