

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000082430

Entity Name: S CUBED, LLC

Current Principal Place of Business:

11550 NW 50 TE
DORAL, FL 33178

Current Mailing Address:

11550 NW 50 TE
DORAL, FL 33178 US

FEI Number: 47-3980435

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CABANAS & ASSOCIATES, P.A.
10520 NW 26TH STREET
DORAL, FL 33172 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 APONTE, ALBANIA
Address 11550 NW 50 TE
City-State-Zip: DORAL FL 33178

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: ALBANIA APONTE

MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date