## **2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000082043

Entity Name: CUBE GROUP, LLC

**Current Principal Place of Business:** 

3137 SW 27 AVE MIAMI, FL 33133

**Current Mailing Address:** 

3137 SW 27 AVE

MIAMI, FL 33133 US

FEI Number: 82-1707925 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RASKEN, ANDREW 3137 SW 27 AVE MIAMI, FL 33133 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

**FILED** Feb 08, 2024

**Secretary of State** 

2032919343CC

## Authorized Person(s) Detail:

Title MGR

Name RASKEN, ANDREW Address 10540 SW 96 ST City-State-Zip: MIAMI FL 33176

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: ANDREW RASKEN

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

02/08/2024

Date