

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000123335

**Entity Name:** NATHANIEL CYR, LLC

**Current Principal Place of Business:**

587 CALIBRE CREST PKWY  
APT 104  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

587 CALIBRE CREST PKWY  
APT 104  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CYR, NATHANIEL  
587 CALIBRE CREST PKWY  
APT 104  
ALTAMONTE SPRINGS, FL 32714 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 MGR  
Name CYR, NATHANIEL  
Address 587 CALIBRE CREST PKWY APT 104  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** NATHANIEL CYR

**MANAGER**

**03/14/2018**

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

\_\_\_\_\_  
Date