# 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.

AR

SIGNATURE: MELANIE MOSCHETTO

Electronic Signature of Signing Authorized Person(s) Detail

# Entity Name: REVIVE CUTTING BOARDS & KNIVES, LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# **Current Principal Place of Business:**

8757 NW 35TH STREET CORAL SPRINGS, FL 33065

DOCUMENT# L19000041067

## **Current Mailing Address:**

8757 NW 35TH STREET CORAL SPRINGS. FL 33065 US

## FEI Number: 83-3756301

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

MOSCHETTO, PETER J 8757 NW 35TH STREET CORAL SPRINGS, FL 33065 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

#### Authorized Person(s) Detail :

Title	MGR	Title	AR
Name	MOSCHETTO, PETER J	Name	MOSCHETTO, MELANIE D
Address	8757 NW 35TH STREET	Address	8757 NW 35TH STREET
City-State-Zip:	CORAL SPRINGS FL 33065	City-State-Zip:	CORAL SPRINGS FL 33065

Certificate of Status Desired: No

Date

03/24/2020 Date