

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000168186

**Entity Name:** CYPWLA LLC

**Current Principal Place of Business:**

1316 W SWANN AVE  
TAMPA, FL 33606

**Current Mailing Address:**

PO BOX 18082  
TAMPA, FL 33679 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

O'BRIEN, CHAD R  
1316 W SWANN AVE  
TAMPA, FL 33606 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 O'BRIEN, CHAD R  
Address 1316 W SWANN AVE  
City-State-Zip: TAMPA FL 33606

*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:** CHAD O'BRIEN

MGR

02/16/2021

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

\_\_\_\_\_ Date