

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000069185

**Entity Name:** CINTA FLORIDA LLC

**Current Principal Place of Business:**

343 FRANKLIN STREET  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

343 FRANKLIN STREET  
HOLLYWOOD, FL 33019 US

**FEI Number:** 84-5024861

**Certificate of Status Desired:** Yes

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

KOGAN, MARY  
2500 PARKVIEW DR  
APT 1021  
HALLANDALE, FL 33009 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           | AP                          | Title           | AP                          |
| Name            | KOGAN, DANIEL               | Name            | KOGAN, PURNAMA              |
| Address         | 5 N COLUMBUS BLVD, SUITE 7A | Address         | 5 N COLUMBUS BLVD, SUITE 7A |
| City-State-Zip: | PHILADELPHIA PA 19106       | City-State-Zip: | PHILADELPHIA PA 19106       |

*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:** DANIEL KOGAN

**PRESIDENT**

**07/27/2021**

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

\_\_\_\_\_  
Date