

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000242296

**Entity Name:** CYR LLC

**Current Principal Place of Business:**

115 NE 4TH AVENUE  
SUITE # 218  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

115 NE 4TH AVENUE  
SUITE # 218  
DELRAY BEACH, FL 33483 US

**FEI Number:** 30-1316646

**Certificate of Status Desired:** Yes

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

BEST OPTIONS LLC  
1145 VIA JARDIN  
WEST PALM BEACH, FL 33418 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	AMBR	Title	AMBR
Name	CYR, JULIEN	Name	CYR, GABRIEL
Address	100 RANG SAINT-JACQUES	Address	100 RANG BAS-SAINT-JACQUES
City-State-Zip:	SAINT- ELZEAR QC G0S 2-J0	City-State-Zip:	SAINT-ELZEAR QC G0S 2-J0

*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:** JULIEN CYR

AMBR

02/22/2024

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

\_\_\_\_\_  
Date