

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000134107

**Entity Name:** CUZZI CUP LLC

**Current Principal Place of Business:**

6777 WINKLER ROAD  
APT I109  
FT MYERS, FL 33919

**Current Mailing Address:**

6777 WINKLER ROAD  
APT I109  
FT MYERS, FL 33919 US

**FEI Number:** 99-2119285

**Certificate of Status Desired:** No

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

CUZZI, MARIO J III  
9955 61ST WAY N  
PINELLAS PARK, FL 33782 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 CUZZI, NICHOLAS  
Address 6777 WINKLER ROAD, APT I109  
City-State-Zip: FT MYERS FL 33919

Title MGR  
Name CUZZI, ROCCO  
Address 6777 WINKLER RD, APT I109  
City-State-Zip: FT MYERS FL 33919

Title MGR  
Name CUZZI, MARISSA  
Address 12 BUNNELL PLACE  
City-State-Zip: WEST BABYLON NY 11704

Title MGR  
Name CUZZI, MARIO J III  
Address 9955 61ST WAY N  
City-State-Zip: PINELLAS PARK FL 33782

*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:** MARIO CUZZI

**DR.**

**02/11/2025**

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

\_\_\_\_\_  
Date