

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000005017

Entity Name: CUPS, LLC**Current Principal Place of Business:**78 OKNER PARKWAY
LIVINGSTON, NJ 07039**Current Mailing Address:**78 OKNER PARKWAY
LIVINGSTON, NJ 07039**FEI Number:** 45-2533315**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MANAGER
Name	HONIGFELD, BRADFORD
Address	78 OKNER PARKWAY
City-State-Zip:	LIVINGSTON NJ 07039

Title	AUTHORIZED MEMBER
Name	CAHILL, DAVID MEMBER
Address	78 OKNER PARKWAY
City-State-Zip:	LIVINGSTON NJ 07039

Title	AUTHORIZED MEMBER
Name	BARBRICK, RAYMOND MEMBER
Address	78 OKNER PARKWAY
City-State-Zip:	LIVINGSTON NJ 07039

Title	AUTHORIZED MEMBER
Name	ARDIZZONE, JIM MEMBER
Address	78 OKNER PARKWAY
City-State-Zip:	LIVINGSTON NJ 07039

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: HONIGFELD, BRADFORD

MANAGER

04/23/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date