## 2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000009728

Entity Name: CUBE III TRS LLC

#### **Current Principal Place of Business:**

5 OLD LANCASTER ROAD MALVERN, PA 19355

# **Current Mailing Address:**

5 OLD LANCASTER ROAD MALVERN, PA 19355 US

## FEI Number: 46-4262098

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

#### Certificate of Status Desired: No

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

#### Authorized Person(s) Detail :

Title	AP	Title	AP
Name	MARR, CHRISTOPHER P	Name	MARTIN, TIMOTHY M
Address	5 OLD LANCASTER ROAD	Address	5 OLD LANCASTER ROAD
City-State-Zip:	MALVERN PA 19355	City-State-Zip:	MALVERN PA 19355
Title	AP	Title	AP
Name	FOSTER, JEFFREY P	Name	TYRELL, DOUGLAS
Address	5 OLD LANCASTER ROAD	Address	5 OLD LANCASTER ROAD
City-State-Zip:	MALVERN PA 19355	City-State-Zip:	MALVERN PA 19355

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: JEFFREY P. FOSTER

AUTHORIZED PERSON 01/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Jan 20, 2020 Secretary of State 0694890345CC

Date