

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000022442

**Entity Name:** CPE SOLUTIONS, LLC

**Current Principal Place of Business:**

5701 E. HILLSBOROUGH AVE.  
SUITE 2459  
TAMPA, FL 33610

**Current Mailing Address:**

5701 E. HILLSBOROUGH AVE.  
SUITE 2459  
TAMPA, FL 33610 US

**FEI Number:** 22-3881916

**Certificate of Status Desired:** No

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

JENIFER, FINGER N  
10917 BROOKSNEST CT  
LITHIA, FL 33547 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	MGRM	Title	MGRM
Name	FINGER, DEREK	Name	GUIDO, HEATH
Address	10917 BROOKSNEST CT.	Address	2316 DOVEWOOD ESTATES COURT
City-State-Zip:	LITHIA FL 33547	City-State-Zip:	VALRICO FL 33594

*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:** DEREK A FINGER

MGRM

04/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date