

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004925

Entity Name: CPZ, LLC

Current Principal Place of Business:

3599 UNIVERSITY BLVD S. #804
JACKSONVILLE, FL 32216

Current Mailing Address:

PO BOX 551260
JACKSONVILLE, FL 32255

FEI Number: 20-0233230

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD, BLDG. 100
JACKSONVILLE, FL 32256 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
Name ABRAMSON, MARK
Address 3599 UNIVERSITY BLVD. S #804
City-State-Zip: JACKSONVILLE FL 32216

Title MGRM
Name ABRAMSON, ROZ
Address 3599 UNIVERSITY BVLD S #804
City-State-Zip: JACKSONVILLE FL 32216

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: MARK ABRAMSON

MGRM

03/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date