

**2018 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

MGRN

04/18/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date