	ncipal Place of Business: SS CORPORATE PKWY 33323		8172096245CC	
Current Mai	ling Address:			
	RASS CORPORATE PKWY FL 33323 US			
FEI Number	: 71-0958566		Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
RUSSELL, MEC 1381 SAWGRA SUNRISE, FL	SS CORPORATE PKWY			
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE	E: MEGHAN RUSSELL		01/19/202	1
SIGNATURE	E: MEGHAN RUSSELL Electronic Signature of Registered Agent		01/19/202 Date	1
				.1
	Electronic Signature of Registered Agent	Title		:1
Authorized	Electronic Signature of Registered Agent Person(s) Detail :	Title Name	Date	.1
Authorized	Electronic Signature of Registered Agent Person(s) Detail : MGR		Date	.1
Authorized Title Name	Electronic Signature of Registered Agent Person(s) Detail : MGR RUSSELL, MEGHAN 1381 SAWGRASS CORPORATE PKWY	Name	Date MGR VERNON, IRA 1381 SAWGRASS CORPORATE PKWY	1
Authorized Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : MGR RUSSELL, MEGHAN 1381 SAWGRASS CORPORATE PKWY	Name Address	Date MGR VERNON, IRA 1381 SAWGRASS CORPORATE PKWY	<u>1</u>
Authorized Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Person(s) Detail : MGR RUSSELL, MEGHAN 1381 SAWGRASS CORPORATE PKWY SUNRISE FL 33323	Name Address	Date MGR VERNON, IRA 1381 SAWGRASS CORPORATE PKWY	:1
Authorized Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Person(s) Detail : MGR RUSSELL, MEGHAN 1381 SAWGRASS CORPORATE PKWY SUNRISE FL 33323 MGR	Name Address	Date MGR VERNON, IRA 1381 SAWGRASS CORPORATE PKWY	<u>11</u>

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0400002657

Entity Name: CRP HOLDINGS LLC

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: MEGHAN RUSSELL

Electronic Signature of Signing Authorized Person(s) Detail

Date