

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059589

Entity Name: CBOPL LLC**Current Principal Place of Business:**1001 EAST ATLANTIC AVENUE
SUITE 202
DELRAY BEACH, FL 33483**Current Mailing Address:**1000 MARKET STREET
STE 300
PORTSMOUTH, NH 03801 US**FEI Number:** 83-0411130**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRITCHFIELD, RICHARD H
1001 EAST ATLANTIC AVENUE
SUITE 201
DELRAY BEACH, FL 33483 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	MGR
Name	ADE, RICHARD C
Address	1000 MARKET STREET
City-State-Zip:	PORTSMOUTH NH 03801

Title	MGR
Name	WALSH, MICHAEL P
Address	1001 E. ATLANTIC AVE., SUITE 202
City-State-Zip:	DELRAY BEACH FL 33483

Title	MGR
Name	WALSH, MARK T
Address	1001 E. ATLANTIC AVE. SUITE 202
City-State-Zip:	DELRAY BEACH FL 33483

Title	MGR
Name	WALSH, WILLIAM J
Address	1000 MARKET STREET, SUITE 300
City-State-Zip:	PORTSMOUTH NH 03801

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: RICHARD C. ADE**MANAGER****01/08/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date