## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061591

**Entity Name: CODY CRIPE LLC** 

Jun 13, 2020 Secretary of State 0137372504CC

**Current Principal Place of Business:** 

199 CURTIS MILL ROAD SOPCHOPPY, FL 32358

**Current Mailing Address:** 

P.O. BOX 253

SOPCHOPPY, FL 32358

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRIPE, CODY 199 CURTIS MILL ROAD SOPCHOPPY, FL 32358 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: CODY CRIPE 06/13/2020

Electronic Signature of Registered Agent

Date

**FILED** 

Authorized Person(s) Detail:

Title MGRM

Name CRIPE, CODY Address P.O. BOX 253

City-State-Zip: SOPCHOPPY FL 32358

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: CODY Z. CRIPE MGRM 06/13/2020