

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086862

Entity Name: CERTIFIED PROPERTY MANAGEMENT & MAINTENANCE, LLC

Current Principal Place of Business:

40 MARINA ISLES BLVD
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

PO BOX 938
MELBOURNE, FL 32902 US

FEI Number: 30-0514123

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STIVERS, JAMES E
40 MARINA ISLES BLVD
INDIAN HARBOUR BEACH, FL 32937 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 JAMES E. STIVERS FAMILY TRUST
Address PO BOX 938
City-State-Zip: MELBOURNE FL 32902

Title MANAGER
Name JACIE STIVERS FAMILY TRUST
Address PO BOX 938
City-State-Zip: MELBOURNE FL 32902

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: JACIE STIVERS

MGR

03/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date