

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000040951

**Entity Name:** CP ROYALTIES, LLC

**Current Principal Place of Business:**

3225 S. MACDILL AVE.  
SUITE 129-210  
TAMPA, FL 33629

**FILED**  
**Feb 13, 2019**  
**Secretary of State**  
**0774799949CC**

**Current Mailing Address:**

3225 S. MACDILL AVE.  
SUITE 129-210  
TAMPA, FL 33629 US

**FEI Number:** 45-1480841

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANACREONTE, DOUGLAS  
3225 S. MACDILL AVE.  
SUITE 129-210  
TAMPA, FL 33629 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 ANACREONTE, DOUGLAS  
Address 3202 W. KNIGHTS AVE.  
City-State-Zip: TAMPA FL 33611

Title MGRM  
Name MARUCA, DAVID  
Address 3613 W. KENSINGTON AVE.  
City-State-Zip: TAMPA FL 33629

*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:** DOUGLAS ANACREONTE

**MANAGING MEMBER**

**02/13/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date