## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000096536

Entity Name: COOPER RENTALS, LLC

**Current Principal Place of Business:** 

222 NW 10TH AVENUE

POMPANO BEACH, FL 33060

**Current Mailing Address:** 

222 NW 10TH AVENUE

POMPANO BEACH, FL 33060 US

FEI Number: 45-3504704 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCKIRE, TRIVEL C 222 NW 10TH AVENUE POMPANO BEACH, FL 33060 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

Authorized Person(s) Detail:

Title CEO Title CFO

LOPEZ, SHERRELL COOPER Name Name MCKIRE, TRIVEL COOPER Address 222 NW 10TH AVENUE Address 222 NW 10TH AVENUE

POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title **CHAIRMAN** 

Name MCKIRE, THERESA K MCKIRE, JAMISON MITCHELL Name Address 222 NW 10TH AVENUE Address 222 NW 10TH AVENUE

City-State-Zip: POMPANO BEACH FL 33060 City-State-Zip: POMPANO BEACH FL 33060

Title AUTHORIZED MEMBER Title **AUTHORIZED MEMBER** Name LOPEZ, LATOYA MERCILA Name ADELEYE, ADRIA M Address 222 NW 10TH AVENUE Address 222 NW 10TH AVENUE

City-State-Zip: POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 City-State-Zip:

Title **AUTHORIZED MEMBER** 

COOPER, NICHOLAS BYRON Name

MITCHELL

Address 222 NW 10TH AVENUE

City-State-Zip: POMPANO BEACH FL 33060

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: TRIVEL COOPER MCKIRE

**CFO** 

04/26/2024

**FILED** Apr 26, 2024

**Secretary of State** 

9881182005CC

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date