

**2017 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

Date

**Authorized Person(s) Detail :**

Title CFO  
Name MCKIRE, TRIVEL C  
Address 222 NW 10TH AVENUE  
City-State-Zip: POMPANO BEACH FL 33060

Title CEO  
Name LOPEZ, SHERRELL C  
Address 222 NW 10TH AVENUE  
City-State-Zip: POMPANO BEACH FL 33060

Title SECRETARY  
Name MCKIRE, JAMISON M  
Address 222 NW 10TH AVENUE  
City-State-Zip: POMPANO BEACH FL 33060

Title AUTHORIZED MEMBER  
Name ADELEYE, ADRIA M  
Address 222 NW 10TH AVENUE  
City-State-Zip: POMPANO BEACH FL 33060

Title AUTHORIZED MEMBER  
Name LOPEZ, LATOYA M  
Address 222 NW 10TH AVENUE  
City-State-Zip: POMPANO BEACH FL 33060

Title AUTHORIZED MEMBER  
Name COOPER, NICHOLAS M  
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

02/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date