

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000141924

**Entity Name:** CPLFP, LLC.

**Current Principal Place of Business:**

1835 EAST HALLANDALE BEACH BOULEVARD  
SUITE 420  
HALLANDALE, FL 33009

**Current Mailing Address:**

1835 EAST HALLANDALE BEACH BOULEVARD  
SUITE 420  
HALLANDALE, FL 33009

**FEI Number:** 45-4091652

**Certificate of Status Desired:** No

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

KLEINER, MARK  
18305 BISCAYNE BOULEVARD  
SUITE 402  
AVENTURA, FL 33160 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 MGR  
Name SUTTON, SALOMON  
Address 1835 EAST HALLANDALE BEACH  
BOULEVARD, #420  
City-State-Zip: HALLANDALE FL 33009

*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:** SALOMON SUTTON

MGR

02/16/2016

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

\_\_\_\_\_  
Date