

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000076748

Entity Name: CP VAZQUEZ INVESTMENTS, LLC**Current Principal Place of Business:**6358, GOLDEN DEWDROP TRL
WINDERMERE, FL 34786**Current Mailing Address:**6358, GOLDEN DEWDROP TRL
WINDERMERE, FL 34786**FEI Number:** 30-0744159**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LARSON ACCOUNTING & CONSULTING SERVICES LLC
8615 COMMODITY CIRCLE STE6
ORLANDO, FL 32819 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:** CAROLINE LARSON

04/30/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name VAZQUEZ, CARLOS P
Address 6358, GOLDEN DEWDROP TRL
City-State-Zip: WINDERMERE FL 34786

Title AUTHORIZED MEMBER
Name BERNHOEFT, LEONOR A
Address 6358, GOLDEN DEWDROP TRL
City-State-Zip: WINDERMERE FL 34786

Title AUTHORIZED MEMBER
Name VAZQUEZ, PATRICIA P
Address 6358, GOLDEN DEWDROP TRL
City-State-Zip: WINDERMERE FL 34786

Title AUTHORIZED MEMBER
Name VAZQUEZ, RODRIGO P
Address 6358, GOLDEN DEWDROP TRL
City-State-Zip: WINDERMERE FL 34786

Title AUTHORIZED MEMBER
Name VAZQUEZ, MANUELA P
Address 6358, GOLDEN DEWDROP TRL
City-State-Zip: WINDERMERE FL 34786

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: VAZQUEZ , CARLOS P

AUTHORIZED MEMBER

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date