

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000003154

**Entity Name:** CPE, LLC

**Current Principal Place of Business:**

200 BRIGHTWATERS BLVD NE  
ST. PETERSBURG, FL 33704

**Current Mailing Address:**

200 BRIGHTWATERS BLVD NE  
ST. PETERSBURG, FL 33704

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WALLACE, PETER R  
259 THIRD STREET NORTH  
ST. PETERSBURG, FL 33701-3818 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           MANAGER  
Name           STRICKLAND, THOMAS L SR.  
Address        200 BRIGHTWATERS BLVD NE  
City-State-Zip: ST. PETERSBURG FL 33704

Title           MANAGER  
Name           STRICKLAND, THOMAS L SR.  
Address        200 BRIGHTWATERS BLVD NE  
City-State-Zip: ST. PETERSBURG FL 33704

*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:** THOMAS L STRICKLAND SR

**MANAGER**

**02/06/2019**

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

\_\_\_\_\_  
Date