

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000161227

**Entity Name:** CPONIESLLC

**Current Principal Place of Business:**

12515 RIVER RD.  
MAKKA CITY, FL 34251

**Current Mailing Address:**

12515 RIVER RD.  
MAKKA CITY, FL 34251 US

**FEI Number:** 47-3183602

**Certificate of Status Desired:** No

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

HANSON, CARMEN  
12515 RIVER RD.  
MAKKA CITY, FL 34251 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            PRESIDENT  
Name            HANSON, CARMEN  
Address        12515 RIVER RD  
City-State-Zip: MYAKKA CITY 34251

Title            TREASURER  
Name            KOPAK, AMANDA  
Address        26351 65TH AVENUE EAST  
City-State-Zip: MYAKKA CITY FL 34251

Title            VP  
Name            HANSON, JENNINGS  
Address        12515 RIVER ROAD  
City-State-Zip: MYAKKA CITY FL 34251

*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:** AMANDA KOPAK

**TREASURER**

**01/08/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date