

2019 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 AUTHORIZED MEMBER
Name KOPAK, AMANDA
Address 26351 65TH AVENUE EAST
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: CARMEN HANSON

PRESIDENT

01/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date