

2016 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

FEI Number: 47-2333041

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	MGR	Title	AP
Name	HANSON, CARMEN	Name	HANSON, JENNINGS L III
Address	12515 RIVER RD	Address	12515 RIVER RD
City-State-Zip:	MYAKKA CITY FL 34251	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

MGR

03/04/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date