

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000194319

**Entity Name:** CPSA, LLC

**Current Principal Place of Business:**

3705 NW 115TH AVENUE, UNIT 8  
DORAL, FL 33178

**Current Mailing Address:**

3705 NW 115TH AVENUE, UNIT 8  
DORAL, FL 33178 US

**FEI Number:** 47-2658797

**Certificate of Status Desired:** No

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

VASSALLO, VERONICA  
11202 NW 83RD ST APT 216  
DORAL, FL 33178 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  
Name VASSALLO, VERONICA  
Address 11202 NW 83RD ST APT 216  
City-State-Zip: DORAL FL 33178

*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:** VERONICA VASSALLO

**MANAGER**

**01/12/2016**

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

\_\_\_\_\_  
Date