

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000017733

Entity Name: CFF I, LLC**Current Principal Place of Business:**800 N MAGNOLIA AVE., STE. 1200
ORLANDO, FL 32803**Current Mailing Address:**800 N MAGNOLIA AVE., STE. 1200
ORLANDO, FL 32803**FEI Number:** 82-0974141**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BREWER, MARK
800 N MAGNOLIA AVE., STE. 1200
ORLANDO, FL 32803 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 BREWER, MARK
Address 800 N MAGNOLIA AVE., STE. 1200
City-State-Zip: ORLANDO FL 32803

Title MGR
Name PANEPINTO, ROB
Address 800 N MAGNOLIA AVE., STE. 1200
City-State-Zip: ORLANDO FL 32803

Title MGR
Name WARRICK, MEGHAN
Address 800 N MAGNOLIA AVE., STE. 1200
City-State-Zip: ORLANDO FL 32803

Title MGR
Name NEWLAND, ROBERT
Address 800 N MAGNOLIA AVE., STE. 1200
City-State-Zip: ORLANDO FL 32803

Title MGR
Name SEIPLER, SHAWN
Address 800 N MAGNOLIA AVE., STE. 1200
City-State-Zip: ORLANDO FL 32803

Title MGR
Name BROFFMAN, MATT
Address 800 N MAGNOLIA AVE., STE. 1200
City-State-Zip: ORLANDO FL 32803

Title MGR
Name CARON, JOHN
Address 800 N MAGNOLIA AVE., STE. 1200
City-State-Zip: ORLANDO FL 32803

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: MEGHAN WARRICK**MANAGER****01/15/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date