

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000159483

**Entity Name:** CBM ESTATES LLC

**Current Principal Place of Business:**

8297 CHAMPIONS GATE BLVD  
SUITE 317  
CHAMPIONS GATE, FL 33896

**Current Mailing Address:**

8297 CHAMPIONS GATE BLVD  
SUITE 317  
CHAMPIONS GATE, FL 33896

**FEI Number:** 38-4060342

**Certificate of Status Desired:** No

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

MALONE, ALISH  
8297 CHAMPIONS GATE BLVD  
SUITE 317  
CHAMPIONS GATE, FL 33896 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            AUTHORIZED MEMBER  
Name            MALONE, AILISH  
Address        8297 CHAMPIONS GATE BLVD  
                  SUITE 317  
City-State-Zip: CHAMPIONS GATE FL 33896

Title            MANAGER  
Name            BRADY, KEVIN  
Address        8297 CHAMPIONS GATE BLVD  
                  SUITE 317  
City-State-Zip: DAVENPORT FL 33896

*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:** AILISH MALONE

**AUTHORIZED MEMBER**

**04/27/2019**

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

\_\_\_\_\_  
Date