## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000196608

**Entity Name: CPPCAL LLC** 

Apr 26, 2019 Secretary of State 1837927055CC

**FILED** 

## **Current Principal Place of Business:**

7450 SW 48 STREET UNIT C-34 MIAMI, FL 33155

## **Current Mailing Address:**

7450 SW 48 STREET UNIT C-34 MIAMI, FL 33155

FEI Number: 82-3397693 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FERRER, BARBARA J ESQ. GRAYROBINSON, P.A. 333 SE 2 AVENUE, SUITE 3200 MIAMI, FL 33131 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 AMBR Title AMBR

Name LASTRA, CARLOS A Name LASTRA, PATRICIA M
Address 11453 SW 87TH TERRACE Address 11453 SW 87TH TERRACE

City-State-Zip: MIAMI FL 33173 City-State-Zip: MIAMI FL 33173

Title AMBR Title AMBR

NameLASTRA, PATRICE MNameLASTRA, CARLOS A JRAddress11479 SW 109TH ROADAddress8975 SW 83RD STREET

City-State-Zip: MIAMI FL 33176 City-State-Zip: MIAMI FL 33173

Title AMBR

Name LASTRA, ALEX DOMINIQUE

Address 7901 S.W. 97 PLACE

City-State-Zip: MIAMI FL 33173

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: PATRICIA LASTRA

Electronic Signature of Signing Authorized Person(s) Detail

**AMBR** 

04/26/2019