

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000196608

**Entity Name:** CPPCAL LLC

**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  
Name LASTRA, CARLOS A  
Address 11453 SW 87TH TERRACE  
City-State-Zip: MIAMI FL 33173

Title AMBR  
Name LASTRA, PATRICIA M  
Address 11453 SW 87TH TERRACE  
City-State-Zip: MIAMI FL 33173

Title AMBR  
Name LASTRA, PATRICE M  
Address 11479 SW 109TH ROAD  
City-State-Zip: MIAMI FL 33176

Title AMBR  
Name LASTRA, CARLOS A JR  
Address 8975 SW 83RD STREET  
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

AMBR

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date