

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000148445

**Entity Name:** CPOMP, LLC

**Current Principal Place of Business:**

399 CAROLINA AVE.  
SUITE 250  
WINTER PARK, FL 32789

**Current Mailing Address:**

399 CAROLINA AVE.  
SUITE 250  
WINTER PARK, FL 32789

**FEI Number:** 83-0973253

**Certificate of Status Desired:** No

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

WARREN, GREG  
399 CAROLINA AVE.  
SUITE 250  
WINTER PARK, FL 32789 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 GREG WARREN 2005 TRUST  
Address 1077 MCKEAN CIR  
City-State-Zip: WINTER PARK FL 32789

Title MGR  
Name MADDEN, SIRENA  
Address 972 EAGLE BAY ST.  
City-State-Zip: WINTER SPRINGS FL 32708

Title MGR  
Name ALLPORT, ELIZABETH  
Address 1914 STONEHURST RD.  
City-State-Zip: WINTER PARK FL 32789

Title MGR  
Name AXJ HOLDINGS, LLC  
Address 525 GLENARDEN RD.  
City-State-Zip: WINTER PARK FL 32792

*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:** GREG WARREN

**MANAGING PARTNER**

**02/13/2019**

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

\_\_\_\_\_  
Date