## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000083572

Entity Name: CX EQUITY PARTNERS, LLC

**Current Principal Place of Business:** 

4890 W KENNEDY BLVD

SUITE 825

TAMPA, FL 33609

**Current Mailing Address:** 

4890 W KENNEDY BLVD

SUITE 825

TAMPA, FL 33609

FEI Number: 83-4318289 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** May 01, 2020

**Secretary of State** 

9349978223CC

Authorized Person(s) Detail:

Title **MEMBER** Title **MEMBER** 

Name GALLWEY CARTER, KATHERINE Name GALLWEY CARTER, ROBERT Address 4890 W KENNEDY BLVD., STE 825 Address 4890 W KENNEDY BLVD., STE 825

TAMPA FL 33609 City-State-Zip: TAMPA FL 33609 City-State-Zip:

Title **MEMBER** Title **MEMBER** 

MORRISON, PATRICIA Name GUARD, THOMAS Name

Address 4890 W KENNEDY BLVD., STE 825 Address 4890 W KENNEDY BLVD., STE 825

City-State-Zip: TAMPA FL 33609 City-State-Zip: **TAMPA FL 33609** 

Title **MEMBER** Title **MEMBER** 

MICHAEL A. FREEMAN SR. Name Name ROBINSON, LISA

REVOCABLE TRUST U/A/D JANUARY Address

4890 W KENNEDY BLVD 20, 2005 SUITE 825

4890 W KENNEDY BLVD Address City-State-Zip:

TAMPA FL 33609 **SUITE 825** 

City-State-Zip: TAMPA FL 33609 Title **MEMBER** 

Title **MEMBER** Name NEWPORT ADVISOR OWNERSHIP,

LLC

GREYSTONE EQUITY, LLC Name Address 4890 W KENNEDY BLVD

Address 4890 W KENNEDY BLVD SUITE 825

SUITE 825 TAMPA FL 33609

City-State-Zip: TAMPA FL 33609

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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.

05/01/2020 **AUTHORIZED SIGNER** SIGNATURE: DALLAS WHITAKER

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **Authorized Person(s) Detail Continued:**

Title MEMEBER

Name GCR MANAGEMENT, LLC

Address 4890 W KENNEDY BLVD

SUITE 825

City-State-Zip: TAMPA FL 33609

Title MEMBER

Name ALLEGIANT MULTIFAMILY MANAGEMENT, LLC,

Address 4890 W KENNEDY BLVD

SUITE 825

City-State-Zip: TAMPA FL 33609

Title MEMBER

Name AUDENTIA FAMILY INVESTMENTS,

LLC

Address 4890 W KENNEDY BLVD

SUITE 825

City-State-Zip: TAMPA FL 33609

Title MEMBER

Name JS HOLDINGS, LLC,

Address 4890 W KENNEDY BLVD

SUITE 825

City-State-Zip: TAMPA FL 33609