

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000293306

**Entity Name:** CM & CN SUPPORT SERVICES, L.L.C.**Current Principal Place of Business:**4430 SW 83RD AVE  
MIAMI, FL 33155**Current Mailing Address:**1825 PONCE DE LEON BLVD STE 500  
CORAL GABLES, FL 33134**FEI Number: 84-3954381****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SOSA, JOAQUIN A  
4430 SW 83RD AVE  
MIAMI, FL 33155 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	MUNOZ, CECILLA
Address	1825 PONCE DE LEON BLVD STE 500 C/O SOSA
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	NICASTRO, CARLO
Address	1825 PONCE DE LEON BLVD STE 500 C/O SOSA
City-State-Zip:	CORAL GABLES FL 33134

Title	AMBR
Name	JAS LAW, LLC
Address	1825 PONCE DE LEON BLVD STE 500
City-State-Zip:	CORAL GABLES FL 33134

*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: JOAQUIN A. SOSA - JAS.LAW LLC****REGISTERED AGENT - AR 01/26/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date