

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000245798

**Entity Name:** CP LONGSHOT, LLC

**Current Principal Place of Business:**

7901 4TH STREET N  
STE 5440  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

P.O BOX 10915  
BROOKSVILLE, FL 34603 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

NEWLON, JONATHAN W  
14150 6TH STREET  
SUITE C  
DADE CITY, FL 33525 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 HALA, ROBERT T  
Address 8145 B W STEVENSON ROAD  
City-State-Zip: BROOKSVILLE FL 34613

Title MGR  
Name HALA, DANIELLE N  
Address 8145 B W STEVENSON ROAD  
City-State-Zip: BROOKSVILLE FL 34613

*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:** ROBERT HALA

**MANAGER**

**04/05/2023**

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

\_\_\_\_\_  
Date