

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000394576

**Entity Name:** CPS VOLPE INSURANCE LLC

**Current Principal Place of Business:**

2936 CREST DR.  
KISSIMMEE, FL 34744

**Current Mailing Address:**

2936 CREST DR.  
KISSIMMEE, FL 34744 US

**FEI Number:** 92-0342826

**Certificate of Status Desired:** No

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

GIL, ENEIDA M  
13256 GLACIER NATIONAL DR  
APT 5204  
ORLANDO, FL 32837 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	Title	AMBR
Name	VOLPE ROMERO, MARIA T	Name	VOLPE ROMERO, MARIA T
Address	2936 CREST DR	Address	2936 CREST DR
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744

*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:** MARIA TERESA VOLPE ROMERO

MBR

04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date