

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000195305

**Entity Name:** CMFP LLC

**Current Principal Place of Business:**

410 SW FRIAR ST STREET  
PORT ST LUCIE , FL 34983

**Current Mailing Address:**

410 SW FRIAR STREET  
PORT ST LUCIE , FL 34983 US

**FEI Number:** 92-3625884

**Certificate of Status Desired:** No

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

FINELIAS, CHRISNEL  
410 SW FRIAR STREET  
PORT ST LUCIE , FL 34983 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	AUTHORIZED REPRESENTATIVE
Name	FINELIAS, CHRISNEL	Name	FENELIAS , MAYLOVE PAUL
Address	410 SW FRIAR STREET	Address	410 FRIAR STREET
City-State-Zip:	PORT ST LUCIE FL 34983	City-State-Zip:	PORT ST LUCIE FL 34983

*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:** MAYLOVE PAUL FENELIAS

**AUTHORIZED REP**

**03/01/2024**

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

\_\_\_\_\_  
Date