

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000004106

**Entity Name:** CL PARENT HOLDINGS, LLC

**Current Principal Place of Business:**

133 W OVATION DR  
PORT ST JOE, FL 32456

**Current Mailing Address:**

133 W OVATION DR  
PORT ST JOE, FL 32456 US

**FEI Number:** 27-4974411

**Certificate of Status Desired:** No

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

NIX, MARK  
133 W OVATION DR  
PORT ST JOE, FL 32456 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 NIX, MARK  
Address 133 W OVATION DR  
City-State-Zip: PORT ST JOE FL 32456

*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:** MARK NIX

**MANAGER**

**02/15/2023**

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

\_\_\_\_\_  
Date