

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000010463

**Entity Name:** CDO 1, LLC

**Current Principal Place of Business:**

500 WEST MAIN STREET  
LOUISVILLE, KY 40202

**Current Mailing Address:**

500 WEST MAIN STREET  
LOUISVILLE, KY 40202 US

**FEI Number:** 35-2608414

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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           MANAGER  
Name           BRUCE DALE, BROUSSARD  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title           MANAGER  
Name           RENEE JACQUELINE, BUCKINGHAM  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title           MANAGER  
Name           JOSEPH MATTHEW, RUSCHELL  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title           AUTHORIZED SIGNOR  
Name           K FELD, DANIEL  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

*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:** K FELD , DANIEL

**AUTHORIZED SIGNOR**

**04/29/2023**

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

\_\_\_\_\_ Date