2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2025
Secretary of State
1382297880CC

DOCUMENT# M22000008662

Entity Name: CEP AMERICA LLC

Current Principal Place of Business:

2100 POWELL STREET, STE 400
EMERYVILLE, CA 94608

Current Mailing Address:

2100 POWELL STREET, STE 400
EMERYVILLE, CA 94608 US

FEI Number: 27-1369141

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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, CEO
Name	TOMLINSON, MD, IMAMU
Address	2100 POWELL STREET, STE 400
City-State-Zip:	EMERYVILLE CA 94608

Title	MGR, COO
Name	BIRDSALL, MD, DAVID
Address	2100 POWELL STREET, STE 400
City-State-Zip:	EMERYVILLE CA 94608

Title	MGR, PRESIDENT
Name	KOURY, MD, THEO
Address	2100 POWELL STREET, STE 400
City-State-Zip:	EMERYVILLE CA 94608

Title	OTHER
Name	MILLER, MD, GREGG
Address	2100 POWELL STREET, STE 400
City-State-Zip:	EMERYVILLE CA 94608

Title	AP
Name	TOMLINSON, MD, IMAMU
Address	2100 POWELL STREET, STE 400
City-State-Zip:	EMERYVILLE CA 94608

Title	AP
Name	BIRDSALL, MD, DAVID
Address	2100 POWELL STREET, STE 400
City-State-Zip:	EMERYVILLE CA 94608

Title	AP
Name	KOURY, MD, THEO
Address	2100 POWELL STREET, STE 400
City-State-Zip:	EMERYVILLE CA 94608

Title	CFO
Name	WESTIN, NATALLIA
Address	2100 POWELL STREET, STE 400
City-State-Zip:	EMERYVILLE CA 94608

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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: THEO KOURY, MD PRESIDENT 02/10/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	OTHER
Name	COHEN, MITCHELL
Address	2100 POWELL STREET, STE 400
City-State-Zip:	EMERYVILLE CA 94608

Title	OTHER
Name	NEWELL, RICHARD
Address	2100 POWELL STREET, STE 400
City-State-Zip:	EMERYVILLE CA 94608