

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000007273

**Entity Name:** CGL MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

601 NORTH MESA, SUITE 1900  
EL PASO, TX 79901

**Current Mailing Address:**

601 NORTH MESA, SUITE 1900  
EL PASO, TX 79901 US

**FEI Number:** 45-5329984

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC  
515 EAST PARK AVENUE, 2ND FL  
TALLAHASSEE, FL 32301 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           ARNOLD, GUY  
Address        601 NORTH MESA, SUITE 1900  
City-State-Zip: EL PASO TX 79901

Title           MANAGER  
Name           PARKER, CLAY  
Address        601 NORTH MESA, SUITE 1900  
City-State-Zip: EL PASO TX 79901

Title           MANAGER  
Name           GAGE, ELI  
Address        601 NORTH MESA, SUITE 1900  
City-State-Zip: EL PASO TX 79901

Title           MANAGER  
Name           CARTER, STEPHEN  
Address        601 NORTH MESA, SUITE 1900  
City-State-Zip: EL PASO TX 79901

Title           MANAGER  
Name           LEE, JOE  
Address        601 NORTH MESA, SUITE 1900  
City-State-Zip: EL PASO TX 79901

Title           MANAGER  
Name           RICCI, KENNETH  
Address        601 NORTH MESA, SUITE 1900  
City-State-Zip: EL PASO TX 79901

Title           ASST. SECRETARY  
Name           BALANS, KENDRA  
Address        601 NORTH MESA, SUITE 1900  
City-State-Zip: EL PASO TX 79901

*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:** KENDRA BALANS

**ASST. SECRETARY**

**04/23/2024**

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

\_\_\_\_\_  
Date