

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000053562

1. Entity Name  
CBP, LLC



Principal Place of Business  
1070 POWELL DRIVE  
SINGER ISLAND, FL 33404

Mailing Address  
1070 POWELL DRIVE  
SINGER ISLAND, FL 33404



07282005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

34-1988770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

POWELL, CYNTHIA B  
1070 POWELL DRIVE  
SINGER ISLAND, FL 33404

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

|                |                         |
|----------------|-------------------------|
| TITLE          | MGR                     |
| NAME           | POWELL, CYNTHIA         |
| STREET ADDRESS | 1070 POWELL DRIVE       |
| CITY- ST- ZIP  | SINGER ISLAND, FL 33404 |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY- ST- ZIP  |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY- ST- ZIP  |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY- ST- ZIP  |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY- ST- ZIP  |                         |

0000003 08/05  
08/19/05-80002-4114 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Cynthia Powell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/28/05

Date

9193879929

Daytime Phone #