

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008686

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: CP1, LLC

**Current Principal Place of Business:**

10040 SW 33 ST  
MIAMI, FL 33165

**New Principal Place of Business:**

6095 SW 25TH ST.  
MIAMI, FL 33155

**Current Mailing Address:**

10040 SW 33 ST  
MIAMI, FL 33165

**New Mailing Address:**

6095 SW 25TH ST.  
MIAMI, FL 33155

FEI Number: 41-2224654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOMEZ, JESUS M  
10040 SW 33 ST  
MIAMI, FL 33165 US

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

GOMEZ, JESUS M  
6095 SW 25TH ST  
MIAMI, FL 33155 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:

04/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VIDAL, JOSE M  
Address: 10040 SW 33 ST  
City-St-Zip: MIAMI, FL 33165

Title: MGR ( ) Delete  
Name: GOMEZ, JESUS M  
Address: 10040 SW 33 ST  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VIDAL, JOSE M  
Address: 6095 SW 25TH ST.  
City-St-Zip: MIAMI, FL 33155

Title: MGR (X) Change ( ) Addition  
Name: GOMEZ, JESUS M  
Address: 6095 SW 25TH ST.  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JESUS M. GOMEZ

MGR

04/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date