

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90019 029 \*\*\*138.75

**DOCUMENT # L06000103780**

1. Entity Name  
CPES, LLC



Principal Place of Business  
11617 INNFIELDS DRIVE  
ODESSA, FL 33556

Mailing Address  
11617 INNFIELDS DRIVE  
ODESSA, FL 33556

50005072



2. Principal Place of Business - No P.O. Box #  
8108 Old Hixon Road  
Suite, Apt. #, etc.

3. Mailing Address  
8108 Old Hixon Rd  
Suite, Apt. #, etc.

01042008 Chg-LLC CR2E083 (12/06)

City & State  
Tampa FL

City & State  
Tampa FL

4. FEI Number  
20-5775250

Applied For  
Not Applicable

Zip  
33626

Country  
USA

Zip  
33626

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

RAMSEY, PEGGY J  
11617 INNFIELDS DRIVE  
ODESSA, FL 33556

**7. Name and Address of New Registered Agent**

Name  
MARK E. BLANTON

Street Address (P.O. Box Number is Not Acceptable)

8108 Old Hixon Road

City  
Tampa

FL

Zip Code  
33626

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 Mark Blanton

4-3-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR ☐ Delete  
NAME ALLIANCE EXCHANGE CORP.  
STREET ADDRESS 11617 INNFIELDS DR  
CITY-ST-ZIP ODESSA, FL 33556

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE MGR ☒ Change ☐ Addition  
NAME ALLIANCE EXCHANGE CORP.  
STREET ADDRESS 8108 Old Hixon Road  
CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mark Blanton

4-3-08

813 920-1031

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

Date

Daytime Phone #