

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90358 032 ****50.00

DOCUMENT # L06000103911

1. Entity Name
CP#188, LLC



Principal Place of Business
13121 N. DALE MABRY HWY
TAMPA, FL 33618

Mailing Address
1135 S. PASADENA AVE
327 C
ST. PETERSBURG, FL 33707

40100173

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2220 34th St S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

St. Petersburg, FL

4. FEI Number

59-3709554

Applied For

Not Applicable

Zip

Country

Zip

33711

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERTRAND, LISA M
1135 S. PASADENA AVE
327 C
ST. PETERSBURG, FL 33707

7. Name and Address of New Registered Agent

Name

Lisa M. Bertrand

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

2807 Kipps Colony Dr

City

St. Petersburg

FL

Zip Code

33707

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 May 1, 2007**

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

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME BERTRAND, GIORGIO
STREET ADDRESS 2807 KIPPS COLONY DR
CITY-ST-ZIP ST PETERSBURG, FL 33707

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

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

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

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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:

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

Date

Daytime Phone #