

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000141924

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** CPLFP, LLC.

**Current Principal Place of Business:**

1835 EAST HALLANDALE BEACH BOULEVARD  
SUITE 420  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1835 EAST HALLANDALE BEACH BOULEVARD  
SUITE 420  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 45-4091652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLEINER, MARK  
18305 BISCAYNE BOULEVARD  
SUITE 402  
AVENTURA, FL 33160 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SUTTON, SALOMON  
Address: 1835 EAST HALLANDALE BEACH BOULEVARD, #420  
City-St-Zip: HALLANDALE, FL 33009

I hereby 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: SALOMON SUTTON

MGR

04/27/2012

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