

M08 0000000235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2019

DAVID GOLDSMITH  
CP COMMUNICATIONS, LLC  
9965 18TH STREET N STE 3  
SAINT PETERSBURG, FL 33716

SUBJECT: CP COMMUNICATIONS, LLC  
Ref. Number: M08000000235

We have received your document for CP COMMUNICATIONS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The form you submitted is for a FLORIDA, but your entity is a FOREIGN. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 019A00020688

RECEIVED  
2019 OCT 23 4:10:50



9965 18<sup>th</sup> Street N  
Suite 3  
St. Petersburg, FL 33716  
800-762-4254

September 16, 2019

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Company fleet vehicles for CP Communications, LLC and Red House Transport, LLC

To Whom It May Concern:

This letter is authorization that all motor vehicle transactions, either through Sunbiz.org or the Florida State Department of Motor Vehicles, be granted to our employee, Ash Galvin.

Please add Ash to the list of registered agents for both CP Communications, LLC and Red House Transport, LLC, employed at the 9965 18<sup>th</sup> Street N, Suite 3, St. Petersburg FL 33716 location.

If you have any questions or concerns, or need additional information, please contact me.

Sincerely,

David Goldsmith  
CFO, CP Communications, LLC &  
Red House Transport, LLC

/dg

**RECEIVED**

SEP 23 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CP Communications, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ash Galvin  
Name of Person

CP Communications, LLC  
Firm/Company

9965 18<sup>th</sup> St. N, Suite 3  
Address

St. Petersburg, FL 33716  
City/State and Zip Code

ash.galvin@cpcomm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

1 AND GILBERT at (850) 660-8844  
Name of Person Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

☒ Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CP Communications, LLC

Enter new principal office address, if applicable: 9965 18<sup>th</sup> St. N

(Principal office address

MUST BE A STREET ADDRESS)

Suite 3  
St. Petersburg, FL 33716

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: 108000000-235

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 1/15/2008

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "L.L.C.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Ash Galvin

New Registered Office Address: 9965 18<sup>th</sup> St N, Ste 3, St. P

*Enter Florida Street Address*

St. Petersburg, Florida 33716  
*City Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

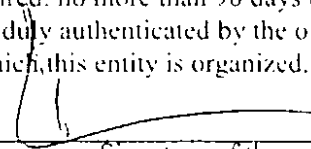
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

DAN P GULDERSO  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00