

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000117422

**Entity Name:** CFBP, LLC

**Current Principal Place of Business:**

8203 ST MARTINS LANE  
PHILADELPHIA, PA 19118

**Current Mailing Address:**

PO BOX 27404  
PHILADELPHIA, PA 19118

**FEI Number:** 20-8308289

**Certificate of Status Desired:** No

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

ALEXANIAN, DIRAN  
50 SPOONBILL ROAD  
MANALAPAN, FL 33462 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CFBP, INC.  
Address PO BOX 27404  
City-State-Zip: PHILADELPHIA PA 19118

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DIRAN ALEXANIAN

MGRM

04/12/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date