## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000053026

Entity Name: CCP13, LLC

## **Current Principal Place of Business:**

109 COCOPLUM DRIVE

MARATHON, FL 33050

**Current Mailing Address:** 

4601 PONCE DE LEON BLVD. **SUITE #300** CORAL GABLES. FL 33146 US

FEI Number: 27-0600304 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

201 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 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: SHAUNA ALLONGO 02/03/2025

Electronic Signature of Registered Agent

Date

**FILED** Feb 03, 2025

**Secretary of State** 

5259023315CC

Authorized Person(s) Detail:

Title **MGRM** Title VICE PRESIDENT LEVITT, ERICA Name Name TUVEL, MICHELE

Address 4601 PONCE DE LEON BLVD. Address 4601 PONCE DE LEON BLVD.

**SUITE #300 SUITE #300** 

CORAL GABLES FL 33146 CORAL GABLES FL 33146 City-State-Zip: City-State-Zip:

Title **SECRETARY** LEVITT, ALLEN Name

4601 PONCE DE LEON BLVD. Address

**SUITE #300** 

CORAL GABLES FL 33146 City-State-Zip:

SIGNATURE: MICHELE TUVEL

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

VICE PRESIDENT

02/03/2025