

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000067206

**Entity Name:** 110 CPS FLORIDA LLC

**Current Principal Place of Business:**

1101 WASHINGTON AVENUE  
UNIT PH 5  
PHILADELPHIA, PA 19147

**Current Mailing Address:**

1101 WASHINGTON AVENUE  
UNIT PH 5  
PHILADELPHIA, PA 19147

**FEI Number:** 27-3040486

**Certificate of Status Desired:** Yes

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

MATTHEWS, JOSEPH M  
COLSON HICKS  
255 ARAGON AVENUE  
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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ARON, ADAM M  
Address 1101 WASHINGTON AVENUE PH5  
City-State-Zip: PHILADELPHIA PA 19147

Title MGR  
Name ARON, ABBE KAHN  
Address 159 EAST WALTON PLACE  
APT 11A  
City-State-Zip: CHICAGO IL 60611

Title SCC  
Name MATTHEWS, JOSEPH M  
Address COLSON HICKS 255 ARAGON  
AVENUE  
City-State-Zip: CORAL GABLES FL 33134

*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.*

**SIGNATURE:** ADAM ARON

**MANAGER**

**03/21/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date