

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000022100

Entity Name: CP TOURS, LLC**Current Principal Place of Business:**220 SW 3RD AVENUE
FORT LAUDERDALE, FL 33312**Current Mailing Address:**220 SW 3RD AVENUE
FORT LAUDERDALE, FL 33312 US**FEI Number:** 45-4606723**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALVAREZ, GABRIEL
DASZKALBOLTON LLP
2401 NW BOCA RATON BOULEVARD
BOCA RATON, FL 33431-6632 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:** GABRIEL ALVAREZ

04/15/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CEO & PRESIDENT	Title	CFO, SECRETARY, TREASURER
Name	BROUSSEAU, AILEEN A	Name	HAERTING, JOERG-MICHAEL
Address	136 NE 19TH COURT # 119 F	Address	136 NE 19TH COURT #119 F
City-State-Zip:	WILTON MANORS FL 33305	City-State-Zip:	WILTON MANORS FL 33305
Title	VP	Title	VP
Name	HAERTING, CHRISTOPHER C	Name	FERNANDEZ, SIMON R
Address	1517 SW 19TH AVENUE	Address	10380 SW 28TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33312	City-State-Zip:	MIAMI FL 33165

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: JOERG-MICHAEL HAERTING

CFO

04/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date