

**2016 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:**P.O. BOX 2473  
FORT LAUDERDALE, FL 33303 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

03/14/2016

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	11679 NE 18TH DRIVE	Address	11679 NE 18TH DRIVE
City-State-Zip:	NORTH MIAMI FL 33181	City-State-Zip:	NORTH MIAMI FL 33181
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

03/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date