

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000000092

**Entity Name:** CPR RENTALS, LLC

**Current Principal Place of Business:**

44 W. ILLIANA ST.  
SUITE 101  
ORLANDO, FL 32806

**FILED**  
**Jul 05, 2017**  
**Secretary of State**  
**CC6964098726**

**Current Mailing Address:**

P.O. BOX 568276  
ORLANDO, FL 32856 US

**FEI Number: 46-1844588**

**Certificate of Status Desired:** No

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

CRAGER, LYNDA M  
44 W. ILLIANA ST  
SUITE 101  
ORLANDO, FL 32806 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 CRAGER, ROBERT JII  
Address PO BOX 568276  
City-State-Zip: ORLANDO FL 32856

Title MGRM  
Name CRAGER, LYNDA M  
Address PO BOX 568276  
City-State-Zip: ORLANDO FL 32856

*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: LYNDA M CRAGER**

**MGRM**

**07/05/2017**

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

\_\_\_\_\_  
Date