## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000098021 Entity Name: CMU OFF LLC

**Current Principal Place of Business:** 

589 E SAMPLE RD SUITE 265 POMPANO BEACH, FL 33064

**Current Mailing Address:** 

589 E SAMPLE RD SUITE 265 POMPANO BEACH, FL 33064 US

FEI Number: 47-1140030 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLIVEIRA FROES, WALTER LUIZ D 589 E SAMPLE RD SUITE 265 POMPANO BEACH, FL 33064 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

**FILED** Apr 26, 2017

**Secretary of State** 

CC7983382824

Authorized Person(s) Detail:

Title Title MGR

Name OLIVEIRA FROES, WALTER LUIZ D Name FROES NETO, WALTER

589 E SAMPLE RD SUITE 265 Address 589 E SAMPLE RD SUITE 265 Address City-State-Zip: POMPANO BEACH FL 33064 City-State-Zip: POMPANO BEACH FL 33064

Title MGR

V FROES, CAMILA M Name

Address 589 E SAMPLE RD SUITE 26 POMPANO BEACH FL 33064 City-State-Zip:

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: WALTER FROES NETO

Electronic Signature of Signing Authorized Person(s) Detail

**MGR** 

04/26/2017