

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000096901

Entity Name: CPR CLASS, LLC

Current Principal Place of Business:

10903 SW CYPRESS BEND AVE
ARCADIA, FL 34269

Current Mailing Address:

PO BOX 614
FORT OGDEN, FL 34267

FEI Number: 47-4163469

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTELLA, MARK
18501 MURDOCK CIRCLE
304
PORT CHARLOTTE, FL 33948 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: MARK MARTELLA

04/30/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name KRATZER, MAUREEN
Address 10903 SW CYPRESS BEND AVE
City-State-Zip: ARCADIA FL 34269

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: MAUREEN KRATZER

MANAGER

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date