

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000263816

**Entity Name:** CMP CAPITAL PARTNERS, LLC

**Current Principal Place of Business:**

10752 DEERWOOD PARK BLVD STE 100  
ROOM 132  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

PO BOX 16309  
JACKSONVILLE, FL 32245 US

**FEI Number:** 47-3029633

**Certificate of Status Desired:** No

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

PATTERSON, CHARLES  
10752 DEERWOOD PARK BLVD STE 100  
ROOM 132  
JACKSONVILLE, FL 32256 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 MGR  
Name BOGCESS, MARSHA  
Address 10752 DEERWOOD PARK BLVD STE  
100  
ROOM 132  
City-State-Zip: JACKSONVILLE FL 32256

Title MGR  
Name PATTERSON, CHARLES  
Address 10752 DEERWOOD PARK BLVD STE  
100  
ROOM 132  
City-State-Zip: JACKSONVILLE FL 32256

*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:** MARSHA BOGCESS

**OWNER**

**04/30/2025**

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

\_\_\_\_\_  
Date