

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000360272

**Entity Name:** CP & DR LLC

**Current Principal Place of Business:**

372 PALM DRIVE  
UNIT 3  
NAPLES, FL 34112

**Current Mailing Address:**

PO BOX 1298  
FORT SMITH, AR 72902 US

**FEI Number:** 85-4083387

**Certificate of Status Desired:** No

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

PLATT, CHARMAYNE  
372 PALM DRIVE  
UNIT 3  
NAPLES, FL 34112 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 PLATT, CHARMAYNE  
Address 372 PALM DRIVE, UNIT 3  
City-State-Zip: NAPLES FL 34112

Title MGR  
Name PLATT, BERNARD  
Address 372 PALM DRIVE, UNIT 3  
City-State-Zip: NAPLES FL 34112

Title MGR  
Name ROBINSON, DEBORAH  
Address 14 SOUTH 9TH  
City-State-Zip: FORT SMITH AR 72901

Title MGR  
Name ROBINSON, DARRELL  
Address 14 SOUTH 9TH  
City-State-Zip: FORT SMITH AR 72901

*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:** DEBORAH ROBINSON

**MANAGER**

**04/28/2021**

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

\_\_\_\_\_  
Date