

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000375718

**Entity Name:** CFP FAMILY, LLC

**Current Principal Place of Business:**

9995 GATE PARKWAY N STE 305  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

9995 GATE PARKWAY N STE 305  
JACKSONVILLE, FL 32246 US

**FEI Number:** 86-0845382

**Certificate of Status Desired:** No

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

AIOSA, DOUGLAS R  
9995 GATE PARKWAY N STE 305  
JACKSONVILLE, FL 32246 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 CRAWFORD, FELIX A  
Address 9995 GATE PARKWAY N STE 305  
City-State-Zip: JACKSONVILLE FL 32246

Title MGR  
Name F.A. CRAWFORD, INC.  
Address 9995 GATE PARKWAY N STE 305  
City-State-Zip: JACKSONVILLE FL 32246

Title CO-TRUSTEE  
Name AIOSA, DOUGLAS R  
Address 9995 GATE PARKWAY N STE 305  
City-State-Zip: JACKSONVILLE FL 32246

*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:** DOUGLAS R AIOSA

CO-TRUSTEE

03/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date