

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000006331

**Entity Name:** CPP ENTERPRISES, LLC

**Current Principal Place of Business:**

5151 N. SHADELAND AVE.  
INDIANAPOLIS, IN 46226

**Current Mailing Address:**

5151 N. SHADELAND AVE.  
INDIANAPOLIS, IN 46226 US

**FEI Number:** 35-2151885

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MEMBER  
Name ROLFSEN, MATTHEW  
Address 5151 N. SHADELAND AVE.  
City-State-Zip: INDIANAPOLIS IN 46226

Title MEMBER  
Name THREEFOLD INC  
Address 5151 N. SHADELAND AVE.  
City-State-Zip: INDIANAPOLIS IN 46226

Title AUTHORIZED REPRESENTATIVE  
Name JONES, TIM  
Address 5151 N. SHADELAND AVE.  
City-State-Zip: INDIANAPOLIS IN 46226

*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:** TIM JONES

**AUTHORIZED PERSON**

**02/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date