

**2014 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:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 MGRM  
Name ROLFSEN, MATTHEW  
Address 7041 MILANO DR.  
City-State-Zip: INDIANAPOLIS IN 46259

Title MGRM  
Name RIGGLE, MARK  
Address 8460 SARGENT RD.  
City-State-Zip: INDIANAPOLIS IN 46256

Title MGRM  
Name MEYER, CHARLES  
Address 6339 MYRTLE LANE  
City-State-Zip: INDIANAPOLIS IN 46220

*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:** MATTHEW ROLFSEN

MANAGER

04/28/2014

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

\_\_\_\_\_ Date