

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000010881

**Entity Name:** CCP CENTRAL SOUTH LLC

**Current Principal Place of Business:**

C/O FECI  
350 NW 1ST AVENUE STE 200  
MIAMI, FL 33128

**Current Mailing Address:**

C/O FECI  
P.O. BOX 164739  
MIAMI, FL 33116 US

**FEI Number:** 84-3658599

**Certificate of Status Desired:** No

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

COBB, KOLLEEN O.P.  
C/O FECI  
350 NW 1ST AVENUE STE 200  
MIAMI, FL 33128 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 VP, SECRETARY  
Name COBB, KOLLEEN O.P.  
Address C/O FECI  
P.O. BOX 164739  
City-State-Zip: MIAMI FL 33116

Title VP, TREASURER, ASST. SECRETARY  
Name GODOY, JUAN (RUSTY)  
Address C/O FECI  
P.O. BOX 164739  
City-State-Zip: MIAMI FL 33116

Title VP  
Name ANDERSON, MAURICIO H  
Address C/O FECI  
P.O. BOX 164739  
City-State-Zip: MIAMI FL 33116

*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:** KOLLEEN O.P. COBB

**VICE PRESIDENT**

**05/01/2023**

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

\_\_\_\_\_  
Date