

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000008499

**Entity Name:** CPH CONSULTING, LLC

**Current Principal Place of Business:**

500 W FULTON ST.  
SANFORD, FL 32771-1220

**Current Mailing Address:**

500 W FULTON ST.  
SANFORD, FL 32771-1220 US

**FEI Number:** 59-2068806

**Certificate of Status Desired:** Yes

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT, CEO, AUTHORIZED MEMBER  
Name            SUTCH, PETER-JOHN F  
Address        500 W FULTON ST.  
City-State-Zip: SANFORD FL 32771-1220

Title            AUTHORIZED MEMBER  
Name            MAHLER, DAVID E  
Address        500 W FULTON ST.  
City-State-Zip: SANFORD FL 32771-1220

Title            AUTHORIZED MEMBER  
Name            HENDRIX, TODD H  
Address        500 W FULTON ST.  
City-State-Zip: SANFORD FL 32771-1220

Title            ASST. SECRETARY, AUTHORIZED MEMBER  
Name            HUNT, PATRICIA  
Address        500 W FULTON ST.  
City-State-Zip: SANFORD FL 32771-1220

Title            AUTHORIZED MEMBER  
Name            GIERACH, DAVID  
Address        500 W FULTON ST.  
City-State-Zip: SANFORD FL 32771-1220

Title            AUTHORIZED MEMBER  
Name            KHOSRAVANI, KAMRAN  
Address        500 W FULTON ST.  
City-State-Zip: SANFORD FL 32771-1220

Title            AUTHORIZED MEMBER  
Name            SATFIELD, JEFFREY M  
Address        500 W FULTON ST.  
City-State-Zip: SANFORD FL 32771-1220

Title            AUTHORIZED MEMBER  
Name            SANCHEZ, CARLOS M  
Address        500 W FULTON ST.  
City-State-Zip: SANFORD FL 32771-1220

**Continues on page 2**

*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:** PATRICIA HUNT

**ASSISTANT SECRETARY    01/07/2024**

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

\_\_\_\_\_ Date

**Authorized Person(s) Detail Continued :**

Title AUTHORIZED MEMBER  
Name TOOLE, JASON L  
Address 500 W FULTON ST.  
City-State-Zip: SANFORD FL 32771-1220

Title AUTHORIZED MEMBER  
Name LUMAN, KURT R  
Address 500 W FULTON ST.  
City-State-Zip: SANFORD FL 32771-1220

Title CHAIRMAN, AUTHORIZED MEMBER  
Name RENSHAW, MICHAEL  
Address 500 W FULTON ST.  
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Title AUTHORIZED MEMBER  
Name BREITENSTEIN, SCOTT A  
Address 500 W FULTON ST.  
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Title AUTHORIZED MEMBER  
Name PUGH, GALEN J  
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Title AUTHORIZED MEMBER  
Name ROBERTS, RANDALL L  
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Title AUTHORIZED MEMBER  
Name BRYANT, JOSHUA A  
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Title AUTHORIZED MEMBER  
Name DEWAAL, CHRISTOPHER J  
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Title AUTHORIZED MEMBER  
Name MORTON, JEREMY C  
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Title AUTHORIZED MEMBER  
Name JAMES, JASON  
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Title AUTHORIZED MEMBER  
Name ORTIZ, JOSE

Title AUTHORIZED MEMBER  
Name JINDAL, NIKHEL  
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Name GALLOWAY, THOMAS J  
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Name MORRIS, JAMES R  
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Title AUTHORIZED MEMBER  
Name WINTER, JAMES K  
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Title AUTHORIZED MEMBER  
Name DALY, AMY E  
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Title AUTHORIZED MEMBER  
Name SHERRARD, BROOK K  
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Title AUTHORIZED MEMBER  
Name CARPENTER, ALAN R  
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Title AUTHORIZED MEMBER  
Name NASSO, ROCCO R  
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Title AUTHORIZED MEMBER  
Name LOPEZ, ALBERT  
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Title AUTHORIZED MEMBER  
Name SHEFFIELD, KAYLA  
Address 500 W FULTON ST.  
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Title AUTHORIZED MEMBER  
Name MCCANN, KIM  
Address 500 W FULTON ST.

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Title AUTHORIZED MEMBER  
Name UZUN, ILKER  
Address 500 W FULTON ST.  
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City-State-Zip: SANFORD FL 32771-1220

Title TREASURER, AUTHORIZED MEMBER  
Name DOSHI, CHARUL  
Address 500 W FULTON ST.  
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Title SECRETARY, AUTHORIZED MEMBER  
Name STUTZ, JULIA  
Address 500 W FULTON ST.  
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