## **2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000030921

Entity Name: COLD MOUNTAIN CABIN, LLC

**Current Principal Place of Business:** 

2605 PONCE DE LEON BOULEVARD CORAL GABLES. FL 33134

**Current Mailing Address:** 

2605 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134

FEI Number: 26-4617546 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRESCOTT &, DRUCKER, P.L. 2605 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134 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: ROBERT L. TRESCOTT, ESQ 04/26/2018

Electronic Signature of Registered Agent

Date

FILED Apr 26, 2018

**Secretary of State** 

CC8987223663

Authorized Person(s) Detail:

Title MGR

Name TRESCOTT, ROBERT L

Address 2605 PONCE DE LEON BOULEVARD

City-State-Zip: CORAL GABLES FL 33134

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.

Electronic Signature of Signing Authorized Person(s) Detail