


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000001104	
1. Entity Name COSMIC GUIDANCE	

Principal Place of Business 750 EGRET CIRCLE #6401 DELRAY BEACH, FL 33444	Mailing Address 750 EGRET CIRCLE #6401 DELRAY BEACH, FL 33444
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**DO NOT WRITE IN THIS SPACE**

05082005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0992688	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  COOPERMAN, SHEILA 750 EGRET CIRCLE #6401 DELRAY BEACH, FL 33444
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COOPERMAN, SHEILA 750 EGRET CIRCLE #6401 DELRAY BEACH, FL 33444
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05/11/05-80022-016 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**SIGNATURE:** Sheila Cooperman SHEILA COOPERMAN 4/30/05 561-289-0083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #