

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000003522

1. Entity Name
COBRA GROUP, LLC, A HOLDING CO.



Principal Place of Business

3017 N.W. 74 AVE.
MIAMI, FL 33122

Mailing Address

3017 N.W. 74 AVE.
MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE



03102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-0998475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONILLA, FRANCISCO
3017 N.W. 74 AVE.
MIAMI, FL 33122

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

L000000364208
05/06/05-80033-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BONILLA, FRANCISCO
3017 N.W. 74 AVENUE
MIAMI, FL 33122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
DAGGER, EDWARD
3017 N.W. 74 AVENUE
MIAMI, FL 33122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/29/05 305-593-1200