

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90577 033 ****50.00

DOCUMENT # LO0000009599

1. Entity Name

COOL HAND LUKE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10191 NW 1st Manor

10191 NW 1st Manor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs FL

Coral Springs FL

Zip

Country

Zip

Country

33071

USA

33071

USA

4. FEI Number

Applied For

Not Applicable

05-11277-83

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name DOODNATH RAMSARRAN

Street Address (P.O. Box Number is Not Acceptable)

10191 NW 1st Manor

City

Coral Springs

FL

Zip Code

33071

**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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MEMBER
NAME DOODNATH RAMSARRAN
STREET ADDRESS 10191 NW 1st Manor
CITY-ST-ZIP Coral Springs, FL 33071

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CITY-ST-ZIP

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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)(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:

Doodnath Ramsarran

4/21/02

954-227-8955

CR2E083B (12/01)