

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

06-10-2002 90465 023 ****55.00

DOCUMENT # L01000000280

1. Entity Name

COCOA BEACH SURFING SCHOOL, L.L.C.

Principal Place of Business

150 EAST COLUMBIA LANE
 COCOA BEACH FL 32931

Mailing Address

150 EAST COLUMBIA LANE
 COCOA BEACH FL 32931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

EIN 59-3750130

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Carroll

(NOTE: Registered Agent signature required when resigning)

DATE

6-5-02

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEBRA CARROLL 490 TINA PLACE MERRITT ISLAND, FL 32952	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAIG CARROLL 490 TINA PLACE MERRITT ISLAND, FL 32952	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COREY CARROLL 490 TINA PLACE MERRITT ISLAND FL 32952	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Carroll

6-5-02

321-868-1980

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

Date

Daytime Phone #

CP2ED83 (9/01)