

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

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90002 011 \*\*\*\*55.00

DOCUMENT # L01000000395

1. Entity Name

Club Cosmopolitan LLC

**DO NOT WRITE IN THIS SPACE**

**901022**

2. Principal Place of Business

4285 W. Atlantic Ave

Suite, Apt. #, etc.

3. Mailing Address

4285 W. Atlantic Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach Florida

City & State

Delray Beach Florida

4. FEI Number

65-106 5625

Applied For

Not Applicable

Zip

33445

Country

Palm Beach

Zip

33445

Country

Palm Beach

5. Certificate of Status Desired - ☒ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Jamison Troutman

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

6900 Town Harbour Blvd #2821

City

Boca Raton Florida

Zip Code

33433

**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

9. MANAGING MEMBERS / MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Senior member  
Jamison Troutman  
6900 Town Harbour Blvd #2821  
Boca Raton, FL 33433

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

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.

Jamison Troutman Senior Member  
Jamison Troutman 12-31-02 561-498-9007

CR2E083B (12/01)