

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Jan 12, 2006 08:00 AM  
Secretary of State

DOCUMENT # L01000002801

1. Entity Name  
COOK-MAIN, L.C.



Principal Place of Business  
3505B AVENIDA MADERA  
BRADENTON, FL 34210

Mailing Address  
3505B AVENIDA MADERA  
BRADENTON, FL 34210



01062006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COOK, TOM D  
3505B AVENIDA MADERA  
BRADENTON, FL 34210

**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

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, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	COOK, TOM D
STREET ADDRESS	3505B AVENIDA MADERA
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	MGR
NAME	COOK, SUZANNE M
STREET ADDRESS	6818 68TH AVENUE EAST
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/06-80004-002 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Tom D. Cook*

1/7/06

941-753-9250

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

Date

Daytime Phone #