

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000011325

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** COOPERATIVE CONSULTANTS, LLC

**Current Principal Place of Business:**

2898-66TH ST NORTH  
SUITE 2  
SAINT PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1811  
LARGO, FL 33779

**New Mailing Address:**

**FEI Number:** 58-3734497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARNOLD, WAYNE  
2898-66TH ST NORTH  
SUITE 2  
SAINT PETERSBURG, FL 33710 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ARNOLD, WAYNE  
Address: 2898-66TH ST NORTH SUITE 2  
City-St-Zip: SAINT PETERSBURG, FL 33710

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: WAYNE ARNOLD

MGRM

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date