

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90016 050 ****50.00

DOCUMENT # L01000017088

1. Entity Name

COTTON HOUSE, LLC



Principal Place of Business

11174 SEA GRASS CIRCLE
BOCA RATON FL 33498

Mailing Address

11174 SEA GRASS CIRCLE
BOCA RATON FL 33498

2. Principal Place of Business

3. Mailing Address

1200 N. FEDERAL HWY #228

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C/O TAMONEY

City & State

City & State

BOCA RATON

Zip

Country

Zip

33431

Country

FLCO

4. FEI Number

52-2351981

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

HAYLUCU, BURAK
11174 SEA GRASS CIRCLE
BOCA RATON FL 33498

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HAYLULU, BURAK	
STREET ADDRESS	11174 SEA GRASS CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HAYLULU, SIHEM	
STREET ADDRESS	11174 SEA GRASS CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]

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

Date

Daytime Phone #

2-18-05 561-332-5080