


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

9/23/2003-90023-046-\$50.00-\$50.00

DOCUMENT # L02000019165
1. Entity Name
COOL ZONE OF VERO BEACH, LC



FILED
03 OCT 20 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **686 OLD DIXIE HIGHWAY- VERO BEACH FL 32962**
Mailing Address: **686 OLD DIXIE HIGHWAY- VERO BEACH FL 32962**

2. Principal Place of Business: **2020 Old Dixie Hwy SE SUITE 5**
3. Mailing Address: **SUITE 5**
Suite, Apt. #, etc.: **SUITE 5**
City & State: **VERO BEACH FL**

City & State: **VERO BEACH, FL**
Zip: **32962** Country: **US**

4. FEI Number: **51-0421758**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent:
**CHAMBERLAIN, STEVEN M
618 N.E. 1ST STREET
GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent:
Name: **Carl A. Lachniff**
Street Address (P.O. Box Number is Not Acceptable):
2020 Old Dixie Hwy suite 5
City: **VERO BEACH** FL Zip Code: **32962**

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:  DATE: **09-17-03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	manager	<input type="checkbox"/> Delete
NAME	Carl A. Lachniff	
STREET ADDRESS	2180 SE 16th CT	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Stephen Baker	
STREET ADDRESS	233 13th La SW	
CITY-ST-ZIP	VERO BEACH, FL 32962	
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		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
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 REQUIRED** DATE: **09-17-03** 772 562 8715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)