

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90098 029 \*\*\*\*50.00

**DOCUMENT # L02000034378**

1. Entity Name  
**COOKHOUSE LLC**



Principal Place of Business  
**2150 WHITFIELD AVE  
SARASOTA, FL 34243**

Mailing Address  
**2150 WHITFIELD AVE  
SARASOTA, FL 34243**

**24012428**



**DO NOT WRITE IN THIS SPACE**

01292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**56-2309521**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CARTER, WEBB  
2150 WHITFIELD AVENUE  
SARASOTA, FL 34243**

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CARTER, WEBB  
2150 WHITFIELD AVENUE  
SARASOTA, FL 34243**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Richardson, T.J.  
2150 Whitfield Avenue  
Sarasota, FL 34243**

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.

**SIGNATURE:** \_\_\_\_\_

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

**2/10/04**  
Date

**941-751-1000**  
Daytime Phone #