

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000019755

1. Entity Name

COBALT ENTERPRISES, LLC

DBA CAFE FIGARO (G03315900037)



Principal Place of Business

4451 PINE RIDGE ROAD
NAPLES, FL 34119 US

Mailing Address

4451 PINE RIDGE ROAD
NAPLES, FL 34119 US

2. Principal Place of Business

13510 TAMIAHI TRAIL N.

3. Mailing Address

13510 TAMIAHI TRAIL N.

Suite, Apt. #, etc.

STE 7

Suite, Apt. #, etc.

STE 7

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34110

Country

COLLIER

Zip

34110

Country

COLLIER

06252004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

16-1671039

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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)

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS KRYLOV, PETER
CITY-ST-ZIP 4451/PINE RIDGE ROAD
NAPLES, FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6-25-2004

FILED

04 JUN 28 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

