

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90142 033 ****50.00

60014118



DOCUMENT # L03000020313 1. Entity Name COOLA FISHBAR, LLC					
Principal Place of Business C/O JETTY'S 1075 A1A NORTH JUPITER, FL 33477			Mailing Address 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business - No P.O. Box # 11340 LEGACY AVENUE		3. Mailing Address 13700 BLUE FOX PLACE			
Suite, Apt. #, etc. SUITE 100 BLDG. E		Suite, Apt. #, etc. 			
City & State PALM BEACH GARDENS, FL.		City & State PALM BEACH GARDENS, FL.		01192007 Chg-LLC CR2E083 (12/06)	
Zip 33410		Country USA		4. FEI Number 41-2098730	
Zip 33418		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TAUBE, JAMES K 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAUBE, JAMES K 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAUBE, DEBORAH LOU 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 2-3-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		