

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034892

Entity Name: COCKTAIL NAPKIN, LLC

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

1620 WILLARD ROAD, NW
PALM BAY, FL 32907 US

New Principal Place of Business:

4740 DAIRY ROAD
SUITE 104
MELBOURNE, FL 32904 US

Current Mailing Address:

1620 WILLARD ROAD, NW
PALM BAY, FL 32907 US

New Mailing Address:

4740 DAIRY ROAD
SUITE 104
MELBOURNE, FL 32904 US

FEI Number: 51-0483031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, CHRISTOPHER J
1620 WILLARD ROAD, NW
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILSON, ALLISON M
Address: 1620 WILLARD ROAD, NW
City-St-Zip: PALM BAY, FL 32907 US

Title: MGRM () Delete
Name: CARMAN, CAMMIE R
Address: 1250 OLDE BAILEY LANE
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: MGRM () Delete
Name: WILSON, CHRISTOPHER J
Address: 1620 WILLARD ROAD, NW
City-St-Zip: PALM BAY, FL 32907 US

Title: MGRM () Delete
Name: CARMAN, PAUL M
Address: 1250 OLDE BAILEY LANE
City-St-Zip: WEST MELBOURNE, FL 32904 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER JEFF WILSON

MGRM

04/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date