

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90096 032 \*\*\*138.75

**DOCUMENT # L03000035115**

1. Entity Name  
**JOHN M. COONEY, LLC**



Principal Place of Business  
**633 NINTH STREET NORTH, SUITE 300  
NAPLES, FL 34102**

Mailing Address  
**633 NINTH STREET NORTH, SUITE 300  
NAPLES, FL 34102**

**60044669**



**DO NOT WRITE IN THIS SPACE**

07072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-0249355**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**NOVATT, JEFF M ESQ.  
C/O CHEFFY, PASSIDOMO, ET AL  
821 FIFTH AVENUE, SUITE 201  
NAPLES, FL 34102**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
COONEY, JOHN M  
633 NINTH STREET NORTH, SUITE 300  
NAPLES, FL 34102**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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IN THIS SPACE**

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

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

Date

Daytime Phone #

**7/8/08**

ATTACHMENT

60044669

NAPLES

DELRAY BEACH

CARIBBEAN



**STOFFT COONEY**  
ARCHITECTS  
distinctive inspirational architecture

RE: L03000035115

To Whom It May Concern:

Please find enclosed payment for the 2008 annual report for the above referenced LLC.  
The original request for payment was never received however we are mailing the payment and report now.

Please waive any late fees.

Thank you in advance.

Sincerely,

John M. Cooney

633 NINTH STREET NORTH  
NAPLES, FLORIDA 34102  
239-262-7677 - PHONE  
239-262-6983 - FAX

WWW.STOFFTCOONEY.COM  
AA26000793