

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90124 017 ****55.00

DOCUMENT # L03000046748

1. Entity Name
CAPTAIN AND THE COWBOY, LLC



Principal Place of Business
**1333 S. MIRAMAR AVE.
INDIALANTIC, FL 32903**

Mailing Address
**1333 S. MIRAMAR AVE.
INDIALANTIC, FL 32903**

24063184



2. Principal Place of Business
604 Main Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1008
Suite, Apt. #, etc.

04282004 Chg-LLC CR2E083 (10/03)

City & State
Apopka Florida
Zip
32703 Country
USA

City & State
Apopka FL
Zip
32704 Country
USA

4. FEI Number
06-1714343 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KLEMM, RUSSELL E ESQ.
C/O CLAYTON & MCCULLOH
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Managing Member
Don Green
1333 S. Miramar Ave
Indialantic, FL 32903** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Managing Member
Henry Gong
161 Kentucky Blue Circle
Apopka, FL 32712** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

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

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: Henry Gong **Managing Member** **4-29-04** **407.310-1718**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #