

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000046748 1. Entity Name CAPTAIN AND THE COWBOY, LLC					
Principal Place of Business 604 MAIN STREET APOPKA, FL 32703			Mailing Address P O BOX 1008 APOPKA, FL 32704		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P O Box 1008			
City & State		City & State Apopka, FL			
Zip		Zip 32704-1008			
Country		Country Orange			
4. FEI Number 06-1714343				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				02212006 Chg-LLC CRZE083 (11/05)	
6. Name and Address of Current Registered Agent SPEIGEL, HOWARD A ESQ. 1133 LOUISIANA AVENUE SUITE 214 WINTER PARK, FL 32789			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, DON 1333 S MIRAMAR AVE INDIALANTIC, FL 32903	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONG, HENRY 161 KENTUCKY BLUE CIR APOPKA, FL 32712	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONG, HENRY 161 KENTUCKY BLUE CIR APOPKA, FL 32712	☐ Delete			
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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: _____			2-28-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					