

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000053476

1. Entity Name
COCHRAN VENTURES, LLC



Principal Place of Business
**133 POLLYWOG POINT
LABELLE, FL 33935**

Mailing Address
**133 POLLYWOG POINT
LABELLE, FL 33935**



01192008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1040991

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COCHRAN, RONALD J
132 POLLYWOG POINT
LABELLE, FL 33935**

**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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COCHRAN, RONALD J 133 POLLYWOG POINT LABELLE, FL 33935 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COCHRAN NEWELL, GWENDOLYN I 133 POLLYWOG POINT LABELLE, FL 33935 |
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U00000809068
02/08/08-80007-014 138.75

**DO NOT WRITE
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: *Ronald J. Cochran*

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

1-28-08

Date

863-675-2551

Daytime Phone #

*GWENDOLYN COCHRAN NEWELL
RONALD J. COCHRAN*