


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90110 014 ****55.00

DOCUMENT # L04000002453	
1. Entity Name RODGER COOLEY, LLC	

Principal Place of Business 4401 GULF DRIVE APT. B BRADENTON BEACH FL 34217	Mailing Address 4401 GULF DRIVE APT. B BRADENTON BEACH FL 34217
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2. Principal Place of Business 4401 GULF DRIVE	3. Mailing Address 4401 GULF DRIVE
Suite, Apt. #, etc. APT. B	Suite, Apt. #, etc. APT. B
City & State HOLMES BEACH, FL.	City & State HOLMES BEACH, FL.
Zip 34217	Country USA



1st MOORE CR2E083 (10/04)

4. FEI Number 200509111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent COOLEY, RODGER 4401 GULF DRIVE, APT. B BRADENTON FL 34217	
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: **RODGER COOLEY, OWNER** *Rodger Cooley* **4-21-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COOLEY, RODGER 4401 GULF DRIVE, APT. B BRADENTON BEACH FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Rodger Cooley* **RODGER COOLEY** **4-21-05** **941-778-5517**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #