

2006-LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90133 017 ****55.00

DOCUMENT # L04000002453

1. Entity Name

RODGER COOLEY, LLC



Principal Place of Business

4401 GULF DRIVE APT. B
HOLMES BEACH FL 34217
US

Mailing Address

4401 GULF DRIVE APT. B
HOLMES BEACH FL 34217
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 20-0509111

Applied For
Not Applicable

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

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOLEY, RODGER
4401 GULF DRIVE, APT. B
~~BRADENTON FL 34217~~
HOLMES BEACH

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 J. Cooley

2-3-06

(Signature, typed or printed name of registered agent must be filed 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, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME COOLEY, RODGER
STREET ADDRESS 4401 GULF DRIVE, APT. B
CITY-ST-ZIP BRADENTON BEACH FL 34217

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Rodger J. Cooley
RODGER J. COOLEY

2-3-06

941-778-5517

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

Date

Daytime Phone #