

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000005636

1. Entity Name
COOK RETAIL CONSTRUCTION SERVICES L.L.C.



FILED
2005 OCT 18 PM 4:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
3808 SE 150TH ST.
ST. SUMMERFIELD, FL 34491

Mailing Address
3808 SE 150TH ST.
ST. SUMMERFIELD, FL 34491

2. Principal Place of Business
4340A SE 95th St
Suite, Apt. #, etc.

3. Mailing Address
4340A SE 95th St
Suite, Apt. #, etc.

City & State
Ocala, FL

City & State
Ocala, FL

Zip Country
34480 USA

Zip Country
34480 USA

08192005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0531513
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
COOK, JIM
3808 SE 150TH ST.
ST. SUMMERFIELD, FL 34491

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
PRESIDENT
James L. Cook
STREET ADDRESS
4340A SE 95th St
CITY-ST-ZIP
Summerfield, FL 34480

TITLE NAME ☐ Delete
Ocala

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
11/08/05--01052--005 \$400.00

TITLE NAME ☐ Change ☐ Addition
300061262363
11/08/05--01052--005 **100.00

TITLE NAME ☐ Change ☐ Addition
300061262363
11/08/05--01052--006 **55.00

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
REINSTATEMENT 2005

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:

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

Date

Daytime Phone #