

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90075 001 \*\*\*138.75

**DOCUMENT # L04000048499**

1. Entity Name  
ATLANTIC BLUE COLLAR CO-OP, LLC



Principal Place of Business  
2167 JULIAN AVENUE N.E.  
PALM BAY, FL 32905

Mailing Address  
2167 JULIAN AVENUE N.E.  
PALM BAY, FL 32905

60019502



**DO NOT WRITE IN THIS SPACE**

03192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-1302182

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FRESE, GARY B  
930 S. HARBOR CITY BLVD., STE. 505  
MELBOURNE, FL 32901

**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 KANE, TIMOTHY M 2167 JULIAN AVENUE N.E. - Unit 1 PALM BAY, FL 32905
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**DO NOT WRITE  
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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:** \_\_\_\_\_

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

3/20/08

Date

(321) 728-4423

Daytime Phone #