

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000051218

1. Entity Name
DAVID COCHRAN, LLC



Principal Place of Business
**9723 GLENPOINTE DRIVE
RIVERVIEW, FL 33569 US**

Mailing Address
**P.O. BOX 343
RIVERVIEW, FL 33568 US**

DO NOT WRITE IN THIS SPACE



08012006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COCHRAN, NANCY J
9723 GLENPOINTE DRIVE
RIVERVIEW, FL 33569**

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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 resigning)

DATE

**Filing Fee is \$50.00
Due by September 8, 2006**

U000000574887
08/22/06-80002-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**OWN
COCHRAN, JOHN D OWNER
9723 GLENPOINTE DRIVE
RIVERVIEW, FL 33569**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 60B, Florida Statutes.

SIGNATURE: *David Cochran*

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

8-18-06

Date

813-628-2829

Daytime Phone #