

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90329 039 *****50.00

DOCUMENT # L04000074560

1. Entity Name
THE COTTON CLUB, LLC.



Principal Place of Business
**5856 PARADISE POINT DRIVE
VILLAGE OF PALMETTO BAY, FL 33157**

Mailing Address
**5856 PARADISE POINT DRIVE
VILLAGE OF PALMETTO BAY, FL 33157**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292007 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3785757

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**IGLESIAS, ADOLFO E
13170 SW 128TH STREET, SUITE 203
MIAMI, FL 33186**

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 May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
PADRON, MARTIZA
5856 PARADISE POINT DRIVE
VILLAGE OF PALMETTO BAY, FL 33157**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
PADRON, WILFREDO
5856 PARADISE POINT DRIVE
VILLAGE OF PALMETTO BAY, FL 33157**

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TITLE
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CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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: *Martiza Padron*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/07 (305) 254-1099
Date Daytime Phone #