## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000084471

1. Entity Name

COCO RESTAURANT, LLC



Principal Place of Business

Mailing Address

8511 EAST SOUTHGATE SHORES CIRCLE TAMARAC, FL 33321

8511 EAST SOUTHGATE SHORES CIRCLE TAMARAC, FL 33321

FILED Feb 23, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1933104

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PONLUANG, LITTA 8511 EAST SOUTHGATE SHORES CIRCLE TAMARAC, FL 33321

## 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 aignature required when reinstating

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR PONLUANG, LITTA 8511 EAST SOUTHGATE SHORES CIRCLE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	
11. I hereby o	certify that the information supplied with this filling does not qualify for the ex-

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## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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:

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ortalos

(ast) 525,33+

Daytime Phone #