

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90022 046 ***138.75

DOCUMENT # L05000018441

1. Entity Name
COBA LLC



Principal Place of Business
2421 ACADAMY CIR.
EAST #106
KISSIMMEE, FL 34744 US

Mailing Address
2421 ACADAMY CIR.
EAST #106
KISSIMMEE, FL 34744 US

50005205

2. Principal Place of Business - No P.O. Box #
43 W. Las Palmas Way
Suite, Apt. #, etc.

3. Mailing Address
43 W. Las Palmas Way
Suite, Apt. #, etc.



04152008 Chg-LLC CR2E083 (12/06)

City & State
Kissimmee, Florida

City & State
Kissimmee, Florida

4. FEI Number
20-2384474

Applied For
Not Applicable

Zip
34743

Country
U.S.A.

Zip
34743

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARAHONA, CESAR O
2421 ACADAMY CIR.
EAST #106
KISSIMMEE, FL 34744

Name
Barahona, Cesar O.

Street Address (P.O. Box Number is Not Acceptable)

43 W. Las Palmas Way

City
Kissimmee

FL Zip Code
34743

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BARAHONA, CESAR O
2421 ACADAMY CIR. EAST #106
KISSIMMEE, FL 34744 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Barahona, Cesar O.
43 W. Las Palmas Way
Kissimmee, FL 34743 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #