2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State
02-13-2006 90194 007 ****50.00

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1. Entity Name
COPPER COLLAR ENTERPRISES, L.L.C.

6000769Q

Principal Place of Business	Mailing Address
920 MANDALAY AVENUE CLEARWATER, FL 33767	P.O. BOX 3566 CLEARWATER, FL 33767

01092006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
606 Turner St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State:
Zip: 33756 Country:	Zip: Country:

4. FEI Number: 02-0740655 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRINDLE, KRISTY DEEMER
920 MANDALAY AVE
CLEARWATER, FL 33767

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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RESNICK, RAMON 503 BETH ANN STREET VALRICO, FL 33594	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Resnick, Ramon 920 Mandalay Ave. Clearwater, FL 33767	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: R. Resnick 15 JAN 06 (727) 446-2598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #