

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034567

FILED
Jul 08, 2007
Secretary of State

Entity Name: COOPIE, LLC

Current Principal Place of Business:

4523 OAK RIVER CIRCLE
VALRICO, FL 33594

New Principal Place of Business:

1601 N 50TH ST
TAMPA, FL 33619

Current Mailing Address:

4523 OAK RIVER CIRCLE
VALRICO, FL 33594

New Mailing Address:

1601 N 50TH ST
TAMPA, FL 33619

FEI Number: 20-2829056 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WATSON, ANSLEY JR
201 N. FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MM () Delete
Name: LAMBELE, TONY E
Address: 4523 OAK RIVER CIRCLE
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES:

Title: MM (X) Change () Addition
Name: LAMBELE, TONY E
Address: 15231 KESTREL RISE DR
City-St-Zip: LITHIA, FL 33547 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TONY E LAMBELE

MM

07/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date