

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000037358**

1. Entity Name

STEVEN COOK, LLC



Principal Place of Business

27810 FORESTER DR.  
BONITA SPRINGS, FL 34134  
US

Mailing Address

27810 FORESTER DR.  
BONITA SPRINGS, FL 34134  
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-2692014

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARMOUR, STEVEN  
27810 FORESTER DR.  
BONITA SPRINGS, FL 34134

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 the filer, if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

000000892138  
04/23/08-80055-023 138.75

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MGRM									
	RICH, PATRICK	27810 FORESTER DR.	BONITA SPRINGS, FL 34134							
	MGRM									
	ARMOUR, STEVEN	3329 SUNSET KEY CIRCLE, #602	PUNTA GORDA, FL 33955							

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Cap

Daytime Phone #