

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90067 006 ***138.75

DOCUMENT # L05000058452

1. Entity Name
COWPEN PROPERTIES, LLC



Principal Place of Business

6500 COW PEN ROAD
202
MIAMI LAKES, FL 33014

Mailing Address

6500 COW PEN ROAD
202
MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE



01222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-2999336

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGUIAR, ALBERTO M
6500 COW PEN ROAD
202
MIAMI LAKES, FL 33014

**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 signature required when reinstating)

4/22/08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AGUIAR, ALBERTO M
STREET ADDRESS	6500 COW PEN ROAD, #202
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	MGRM
NAME	Aguiar, Barbara
STREET ADDRESS	6500 Cowpen Rd, # 202
CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/22/08

Date

305-558-
8964

Daytime Phone #