


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90019 036 \*\*\*143.75

<b>DOCUMENT # L05000073731</b> 1. Entity Name <b>COOLSISTAS LLC</b>					
Principal Place of Business - <i>North</i> <b>1895 NORTH CREEK CR</b> <b>ALPHARETTA, GA 30004 US</b>				Mailing Address <b>1895 NORTH CREEK CR.</b> <b>ALPHARETTA, GA 30004 US</b>	
2. Principal Place of Business - No P.O. Box # <i>561 Eastern Lake Rd.</i>		3. Mailing Address Suite, Apt. #, etc. <i>Unit 104</i>			
City & State <i>Santa Rosa Beach</i>		City & State City <i>Santa Rosa Beach</i>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <i>32459</i>		Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HERREN, JULIA</b> <b>145 - 116TH AVENUE</b> <b>TREASURE ISLAND, FL 33706</b>				7. Name and Address of New Registered Agent Name <i>L.K. Whitmire</i> Street Address (P.O. Box Number is Not Acceptable) <i>561 Eastern Lake Rd., Unit 104</i> City <i>Santa Rosa Beach</i> <b>FL</b> Zip Code <i>32459</i>	
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 <i>L.K. Whitmire</i> <span style="float: right;">5-1-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITMIRE, LARHONDA 1895 N CREEK CIR ALPHARETTA, GA 30004	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Larhonda Whitmire</i> <span style="float: right;">5-1-08 770-740-1652</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		