## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L05000113706 1. Entity Name THE COOL GUYS LLC



## FILED Mar 12, 2008 08:00 A Secretary of State

Principal Place of Business 6538 SE FEDERAL HWY STUART, FL 34997 US Mailing Address 6208 SW 33RD STREET PALM CITY, FL 34990 US

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHARKEY, KEVIN M 6208 SW 33RD STREET PALM CITY, FL 34990

02052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 06-1762390

Applied For Not Applicable

5. Certificate of Status Desired

	\$5.00	Additional				
Fee Required						

## **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. 1 am familiar with, and accept the obligations of registered agent.

SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE; Repretered Agent signature required when reinstating)		DATE
	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			854588 80017-021 138.75
9.	MANAGING MEMBERS/MANAGERS			· · · · · · · · · · · · · · · · · · ·
TITLE	MGRM			
NAME	SHARKEY, KEVIN M			
STREET ADDRESS	6208 SW 33RD STREET			
CITY-ST-ZIP	PALM CITY, FL 34990			
TITLE	MGRM	<u></u>		
NAME	SHARKEY, DEBORAH K			
STREET ADDRESS	6208 SW 33RD STREET			
CITY-ST-ZIP	PALM CITY, FL 34990			•
TITLE	MGRM			
NAME	CASAMASSA, ANTHONY			
STREET ADDRESS	1701 SE MANSFIELD ST			
CITY-ST-ZIP	PORT ST, LUCIE, FL 34953	I DO	NOT W	RITE
	FORT ST. LOCIE, FL 34933			
TITLE		I IN	THIS SPA	ACE
NAME STREET ADDRESS				
CITY-ST-ZIP				
		<b>_</b>		
TITLE				
NAME STREET ADDRESS				
CITY - ST-ZIP				
		<b></b>		
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
11. I hereby a indicated limited ha	ceruly that the information supplied with this filling does not on this report is true and accurate and that my signature s ibility company or the receiver or trustee expowered to exe	qualify for the exemptions contained in Chapter 1 half have the same legal effect as if made under c cute this report as required by Chapter 608, Florid	19, Florida Statutes. I f bath; that I am a mane da Statutes.	further certify that the information aging member or manager of the
SIGNAT	URE: Kun IN. Anu	Kus	3/7/01	772-220-2487
	SIGNATURE AND TYPED OR PRINTEL NAME OF BIGNING MANAGING MEN	BEE ON AUTHORIZED REPRESENTATIVE	Dale	Daytime Phone #
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