

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000118538**

1. Entity Name  
**COOSAWATTEE INVESTMENTS LLC**



Principal Place of Business  
**4227 SPIRE STREET  
PORT CHARLOTTE, FL 33981**

Mailing Address  
**4227 SPIRE STREET  
PORT CHARLOTTE, FL 33981**



03212008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3872073**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MILLER, ROBERT S  
4227 SPIRE STREET  
PORT CHARLOTTE, FL 33981**

**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)

DATE \_\_\_\_\_

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

U000000850747  
06/04/08-80004-002 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MILLER, ROBERT S 4227 SPIRE STREET PORT CHARLOTTE, FL 33981</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MILLER, TAMMI 4227 SPIRE STREET PORT CHARLOTTE, FL 33981</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ARTZ, SPENCER 4227 SPIRE STREET PORT CHARLOTTE, FL 33981</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ARTZ, CHRISTINE 4227 SPIRE STREET PORT CHARLOTTE, FL 33981</b>
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: \_\_\_\_\_

*Tammi Miller*