## **2008 LIMITED LIABILITY COMPANY**

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT**

DOCUMENT # L06000073298 1. Entity Name COLDFOOT HOLDINGS, LLC

Principal Place of Business

Mailing Address

20 HILL AVENUE, NORTHWEST FT. WALTON BEACH, FL 32548

20 HILL AVENUE, NORTHWEST FT. WALTON BEACH, FL 32548

US

## **FILED** Apr 17, 2008 08:00 A Secretary of State



04102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5260131 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

US

COOK, KENNETH R 20 HILL AVENUE, NORTHWEST FT. WALTON BEACH, FL 32548

## DO NOT WRITE IN THIS SDACE

	·		ITIIS 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			
9.	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COOK, KENNETH R 20 HILL AVE FORT WALTON BEACH, FL 32548		U00000901815 04/29/08-80084-016 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS . CITY-ST-ZIP		IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

11. I hereby certify that the information supplied with this filling does not quelify 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 trasfee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE