



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90350 043 ****50.00

DOCUMENT # L06000086401 1. Entity Name 2966 COOL BREEZE, L.L.C.					
Principal Place of Business 12201 N.W. 5TH STREET PLANTATION, FL 33325			Mailing Address 12201 N.W. 5TH STREET PLANTATION, FL 33325		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; transform: rotate(-10deg);">40098208</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 04072007 Chg-LLC CR2E083 (12/06) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> 4. FEI Number 20-5501345 </div> <div> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div> \$5.00 Additional Fee Required </div> </div>	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVE. FT. LAUDERDALE, FL 33316					
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 <u><i>Linda L. Acord</i></u> X 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACORD, WILBUR 12201 N.W. 5TH STREET PLANTATION, FL 33325	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Acord, Linda L.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACORD, WILBUR 12201 N.W. 5TH STREET PLANTATION, FL 33325	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u><i>Linda L. Acord</i></u>				Linda L. Acord X 4/30/07 954-472-1099 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>	