

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90083 003 \*\*\*538.75

**DOCUMENT # L07000008748**

1. Entity Name

COWDEN ART SERVICES LLC



Principal Place of Business

4102 WEST ROGER AVE.  
TAMPA FL 33611

Mailing Address

4102 WEST ROGER AVE.  
TAMPA FL 33611

2. Principal Place of Business - No P.O. Box #

4102 ROGERS AVE

3. Mailing Address

4102 ROGERS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-8328705

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/07)



6. Name and Address of Current Registered Agent

COWDEN, CARL III  
4102 WEST ROGER AVE.  
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4102 ROGERS AVE.

City

FL

Zip Code

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 resigning)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME COWDEN, CARL III  
STREET ADDRESS 4102 WEST ROGER AVE.  
CITY-ST-ZIP TAMPA FL 33611

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 4102 ROGERS AVE.  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 808, Florida Statutes.

SIGNATURE:

*Carl Cowden III*

CARL COWDEN III 8/16/08

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

Date

Daytime Phone #

813  
545-  
9109