

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000012091

1. Entity Name  
KOSMAKOS BROTHERS PARTNERS, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT -3 PM 3:43

Principal Place of Business  
9610 GULF BLVD.  
ST. PETERSBURG, FL 33706

Mailing Address  
9610 GULF BLVD.  
ST. PETERSBURG, FL 33706



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07212008 Chg-LLC CR2E083 (12/06)

4. FEE 26-3446431 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSMAKOS, KOSMAS  
9610 GULF BLVD.  
ST. PETERSBURG, FL 33706

Name

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

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 remitting)

FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KOSMAKOS, KOSMAS  
130 98TH AVENUE  
TREASURE ISLAND, FL 33706 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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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:

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

KOSMAS KOSMAKOS

7/22/08

Date

727/3623743

Daytime Phone #