

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/2/2008-90077-026-\$538.75-\$538.75

FILED

2008 SEP 25 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L07000112106	
1. Entity Name KRON COCHRAN DESIGN, LLC	



Principal Place of Business 139 N. COUNTY ROAD, STE. 16 PALM BEACH, FL 33480	Mailing Address 139 N. COUNTY ROAD, STE. 16 PALM BEACH, FL 33480
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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

08252008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1365101** ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	
ATTERBURY, WILLIAM W III ESQ % ALLEY MAASS ROGERS & LINDSAY P.A. 340 ROYAL POINCIANA WAY, STE. 321 PALM BEACH, FL 33480	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

**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 COCHRAN, DIAHANN 139 N. COUNTY ROAD, STE. 16 PALM BEACH, FL 33480 <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	MGRM KRON, ISABELLA 139 N. COUNTY ROAD, STE. 16 PALM BEACH, FL 33480 <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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Diahann Cochran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Aug 27, 08 561-685-9751
Date Daytime Phone #