

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-15-2008 90006 009 *****1.37
07-02-2008 90039 016 *****1.75
05-15-2008 90081 046 ***137.00

30010602

DOCUMENT # L07000124255				
1. Entity Name CWCOOPER&COMPANY LLC				
Principal Place of Business 231 FOREST DR. FORT WALTON BEACH, FL 32547 US		Mailing Address 231 FOREST DR. FORT WALTON BEACH, FL 32547 US		
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	
4. EEI Number 26-1779831		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		
UNITED STATES CORPORATION AGENTS, INC. 320 S. FLAMINGO ROAD 347 PEMBROKE PINES, FL 33027		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 reappointing) DATE _____				
FILE NOW!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPER, CRAIG W 231 FOREST DR. FORT WALTON BEACH, FL 32547 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPER, JEANETTE L 231 FOREST DR. FORT WALTON BEACH, FL 32547 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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>Craig W. Cooper</u> <u>July 19, '08</u> <u>850-862-2955</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #				

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EIN OBTAINED ATTACHMENT 30010602
60700024255

Form SS-4

Application for Employer Identification Number

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 26-1779831

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested CWC Cooper & company LLC		3 Executor, trustee, "care of" name	
2 Trade name of business (if different from name on line 1)		5a Street address (if different) (Do not enter a P.O. box.)	
4a Mailing address (room, apt., suite no. and street, or P.O. box) 231 Forest Dr.		5b City, state, and ZIP code	
4b City, state, and ZIP code Fort Walton Beach, Florida 32547-2667		5b City, state, and ZIP code	
6 County and state where principal business is located Okaloosa, Florida			
7a Name of principal officer, general partner, grantor, owner, or trustor Craig William Cooper		7b SSN, ITIN, or EIN 133-34-3179	
8a Type of entity (check only one box)			
☐ Sole proprietor (SSN) _____ ☒ Partnership ☐ Corporation (enter form number to be filed) ▶ _____ ☐ Personal service corp. ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify) ▶ _____ ☐ Other (specify) ▶ _____			
☐ Estate (SSN of decedent) _____ ☐ Plan administrator (SSN) _____ ☐ Trust (SSN of grantor) _____ ☐ National Guard ☐ State/local government ☐ Farmers' cooperative ☐ Federal government/military ☐ REMIC ☐ Indian tribal governments/enterprises ☐ Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country	
9 Reason for applying (check only one box)			
☒ Started new business (specify type) ▶ _____ ☐ Construction ☐ Hired employees (Check the box and see line 12.) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ▶ _____			
☐ Banking purpose (specify purpose) ▶ _____ ☐ Changed type of organization (specify new type) ▶ _____ ☐ Purchased going business ☐ Created a trust (specify type) ▶ _____ ☐ Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) 12-14-07		11 Closing month of accounting year December 31	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."		Agricultural	Household
▶		0	0
14 Check one box that best describes the principal activity of your business.			
☒ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Other (specify) _____			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Remodel existing residential properties			
16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶		Trade name ▶	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN			
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.			
Third Party Designee	Designee's name Jacob Varghese		Designee's telephone number (include area code) (323) 862-8600 x 529
	Address and ZIP code 7083 Hollywood Blvd., Ste 180, Los Angeles, CA 90028		Designee's fax number (include area code) (323) 790-1891
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ Craig William Cooper, Member		Applicant's telephone number (include area code) (850) 862-2955	
Signature ▶ Craig W. Cooper		Applicant's fax number (include area code) N/A	
Date ▶ 6/18/03			

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form SS-4 (Rev. 12-2001)