


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90139 004 ***138.75

DOCUMENT # L07000126288	
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1. Entity Name
FLYING COW POLO CLUB, LLC

Principal Place of Business
600 KRYSTAL BUILDING
ONE UNION SQUARE
CHATTANOOGA, TN 37402

Mailing Address
600 KRYSTAL BUILDING
ONE UNION SQUARE
CHATTANOOGA, TN 37402

60001000



2. Principal Place of Business - No P.O. Box #
600 Krystal Building
Suite, Apt. #, etc.
100 West MLK Blvd.

3. Mailing Address
600 Krystal Building
Suite, Apt. #, etc.
100 West MLK Blvd.

02062008 Chg-LLC CR2E083 (12/06)

City & State
Chattanooga, TN
Zip 37402 Country

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Chattanooga, TN
Zip 37402 Country

4. FEI Number Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
METZGER, JOHN T ESQ
505 S. FLAGLER DRIVE
SUITE 300
WEST PALM BEACH, FL 33401

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUZZORT, PAMALA 600 KRYSTAL BUILDING, ONE UNION SQUARE CHATTANOOGA, TN 37402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cuzzort, Pamala 600 Krystal Building, 100 West MLK Blvd. Chattanooga, TN 37402 <input checked="" 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: Pamala K. Cuzzort Pamala K. Cuzzort 2/6/08 423-756-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #