

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032979

FILED  
Jun 17, 2009  
Secretary of State

Entity Name: COSMIC CONES LLC

**Current Principal Place of Business:**

10055 BISCAYNE BOULEVARD  
MIAMI SHORES, FL 33138 US

**New Principal Place of Business:**

12370 NW 7 AVENUE  
NORTH MIAMI, FL 33161 US

**Current Mailing Address:**

10055 BISCAYNE BOULEVARD  
MIAMI SHORES, FL 33138 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DENTICO, JAMES L  
10055 BISCAYNE BOULEVARD  
MIAMI SHORES, FL 33138 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DENTICO, JAMES L  
Address: 10055 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI SHORES, FL 33138

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: DENTICO, MICHELLE  
Address: 10055 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI SHORES, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHELLE DENTICO

MGR

06/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date