

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000000217

1. Entity Name
COOPER & BYRNE, PLLC



FILED
08 APR 21 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3520 THOMASVILLE ROAD, STE. 200
TALLAHASSEE, FL 32309 US

Mailing Address
3520 THOMASVILLE ROAD, STE. 200
TALLAHASSEE, FL 32309 US



2. Principal Place of Business - No P.O. Box #
101 N. Monroe St.
Suite, Apt. #, etc.

3. Mailing Address
101 N. Monroe St.
Suite, Apt. #, etc.

Suite 900

Suite 900

City & State

City & State

Tallahassee, FL

Tallahassee, FL

Zip
32301

Country

Zip
32301

Country

04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3556366

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOPER, CHARLES L JR.
3520 THOMASVILLE ROAD, STE. 200
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name

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

101 N. Monroe St., Suite 900

City

Tallahassee

FL

Zip Code

32301

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 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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BYRNE, D. ANDREW
3240 WHITMAN WAY
TALLAHASSEE, FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
212 East 57th St. Apt. 2C
New York, NY 10022 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COOPER, CHARLES L JR.
521 LAKE RIDGE ROAD
TALLAHASSEE, FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
821 Lake Ridge Road
Tallahassee, FL 32312 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300124800723
04/21/08--01007--006 **138.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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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:

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

Date

Daytime Phone #

Mgrm

4-18-08 850/222-0611