

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90486 001 \*\*\*100.00

**DOCUMENT # L99000002525**

1. Entity Name  
COBBCORP, L.L.C.



Principal Place of Business  
800 LAUREL OAK DR  
STE 210  
NAPLES, FL 34108

Mailing Address  
800 LAUREL OAK DR  
STE 210  
NAPLES, FL 34108

00000471



01312007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3574455

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

COBB, BRIAN  
800 LAUREL OAK DR 210  
NAPLES, FL 34108

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
COBB, BRIAN  
800 LAUREL OAK DR 210  
NAPLES, FL 34108

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
KUSZLYK, JEANETTE  
800 LAUREL OAK DR 210  
NAPLES, FL 34108

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
COBB, DENISE  
800 LAUREL OAK DR 210  
NAPLES, FL 34108

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
LECLAIR, DENIS  
800 LAUREL OAK DR 210  
NAPLES, FL 34108

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1.3.07 202-478-3737