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DOCU	UMENT # MO100		FILED				
COGN	ITIVE VENTURES GROUP, I	LLC		0	2 OCT -7		
				5	Forms.	PH 12: 51	
Principal Pla	lace of Business	Mailing Address		TA	EORETZAY OF LLAHASSEE, F	STATE	
4308 4TH AVE NE		4308 4TH AVE NE			The strain of th	LORIDA	
BRADENTON	FL 34208	Bradenton FL 34208					
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2. Principal	I Place of Business	3. Mailing Address	<del></del> -				
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & Sta	toto.				DO NOT WRITE IN T	THIS SPACE	
Oity & St	aate	City & State		4. FEI Number	5-0967631	<b>⊢</b>	Applied For
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$5.00	Not Applicable
	6. Name and Address of Curr	rent Registered Agent	<u> </u>			Fee Requir	
COLLINS, CURTIS S 4308 4TH AVE NE			Name	17 Name and Add	ess of New Registe	ered Agent	
		Street		ess (P.O. Box Number is N	ot Acceptable)	<del></del>	
BRA	ADENTON FL 34208		<del>-</del>	<del> </del>		<del></del> -	
			City				
8. The above	re named entity submits this statementations of registered agent.	at for the gurnage of the activity				FL Zip Cod	
the obliga	ations of registered agent.						
	ations of registered agent.	, ,	s registered office or reg	istered agent, or both, in the	ne State of Florida. I	am familiar with	, and accept
SIGNATURE				3 350		am familiar with	, and accept
SIGNATURE	<u> </u>	gent and title if applicable. (NOT	E: Registered Agent signature rec	quired when reinstating)	-! DA	ATE: 1, 1, 2, 2, 2, 1, 1,	.3
eneggico d	Signature, typed or printed name of registered as	gent and title if applicable. (NOT	E: Registered Agent signature rec	quired when reinstating)	-! DA	ATE: 1, 1, 2, 2, 2, 1, 1,	.3
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PINITENSIG - S ISIS NI VAI 9.	Signature, typed or printed name of registered as MANAGING MEN	gent and title if applicable. (NOT	E: Registered Agent signature rec OW!!! FEE IS \$50.0 Byable to Departmen	quired when reinstating)  00 11 15/02-	-! DA	74582 8 **50.00	.3
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PHOTOGRAGE DESCRIPTION OF THE NAME STREET ADDRESS	Signature, typed or printed name of registered as  MANAGING MEN  MGRM  COLLINS, CURTIS  4308 4TH AVE NE	gent and title if applicable. (NOT FILE N Make Check Pa Due By	CE: Registered Agent signature rec OW!!! FEE IS \$50.0 ayable to Department y September 25, 200	quired when reinstating)  00 11 15/02-	00083 -01025018	74582 8 **50.00	)
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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 impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE:

SIGNATURE:

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