


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90269 030 ****50.00

DOCUMENT # M01000001330	
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1. Entity Name
COGNITIVE VENTURES GROUP, LLC

Principal Place of Business
4949 SR 64 E, #104
BRADENTON, FL 34208

Mailing Address
4949 SR 64 E, #104
BRADENTON, FL 34208



03052004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0967631

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLLINS, CURTIS S
4949 SR 64 E, #104
BRADENTON, FL 34208

7. Name and Address of New Registered Agent

Name Cabanillas & Associates
Street Address (P.O. Box Number is Not Acceptable)
1109 9th Avenue West
City Bradenton FL Zip Code 34205

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 Denise Cabanillas, President DATE 3/14/04
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM ☐ Delete
COLLINS, CURTIS
STREET ADDRESS
CITY - ST - ZIP 4949 SR 64 E, #104
BRADENTON, FL 34208

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

TITLE
NAME MGRM ☐ Delete
SHEDD, JOHN
STREET ADDRESS
CITY - ST - ZIP 4949 SR 64 E, #104
BRADENTON, FL 34208

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Curtis Collins

Date

Daytime Phone #

941/518-4973