

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL -5 AM 11:47

DOCUMENT # M04000002422

1. Entity Name  
COOL SEAT, LLC



Principal Place of Business  
3120 N.W. 37TH STREET  
GAINESVILLE, FL 32605

Mailing Address  
3120 N.W. 37TH STREET  
GAINESVILLE, FL 32605

2. Principal Place of Business

NA

3. Mailing Address

NA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072006 Chg-LLC CR2E063 (10/03)

4. FEI Number

20-1152211

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DINKINS, W. ARNOLD  
3120 N.W. 37TH STREET  
GAINESVILLE, FL 32605

7. Name and Address of New Registered Agent

Name

NA

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

City

FL

Zip Code

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

NA

Signature of typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when filing fees)

DATE

Filing Fee is \$50.00  
Due by May 1, 2008

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

|                 |                       |                                 |
|-----------------|-----------------------|---------------------------------|
| TITLE           | MGR                   | <input type="checkbox"/> Delete |
| NAME            | DINKINS, W. ARNOLD    |                                 |
| STREET ADDRESS  | 3120 N.W. 37TH STREET |                                 |
| CITY - ST - ZIP | GAINESVILLE, FL 32605 |                                 |
| TITLE           |                       | <input type="checkbox"/> Delete |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |
| TITLE           |                       | <input type="checkbox"/> Delete |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |
| TITLE           |                       | <input type="checkbox"/> Delete |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |
| TITLE           |                       | <input type="checkbox"/> Delete |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |

10. ADDITIONS/CHANGES

|                 |                              |                                                                                         |
|-----------------|------------------------------|-----------------------------------------------------------------------------------------|
| TITLE           | MGR & Member                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            | W. Arnold Dinkins            |                                                                                         |
| STREET ADDRESS  | 3120 N.W. 37TH ST            |                                                                                         |
| CITY - ST - ZIP | GAINESVILLE, FL 32605        |                                                                                         |
| TITLE           | Member                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME            | Walter E. Perry              |                                                                                         |
| STREET ADDRESS  | 1312 Blackwood Rd.           |                                                                                         |
| CITY - ST - ZIP | Green Cove Springs, FL 32043 |                                                                                         |
| TITLE           | Member                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME            | Stephen E. Dinkins           |                                                                                         |
| STREET ADDRESS  | 1201 Yale Ave W 803          |                                                                                         |
| CITY - ST - ZIP | Minneapolis, Minn. 55405     |                                                                                         |
| TITLE           | Member                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME            | Deary K. Ward                |                                                                                         |
| STREET ADDRESS  | 1321 Lincoln Rd.             |                                                                                         |
| CITY - ST - ZIP | Escambrado, CA 92025         |                                                                                         |
| TITLE           | Member                       | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | John T. Austin               |                                                                                         |
| STREET ADDRESS  | 1219 Bertram Dr 4110         |                                                                                         |
| CITY - ST - ZIP | San Marcos, CA 92078         |                                                                                         |

01/19/05-90026-014-\$50.00

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:

*W. Arnold Dinkins*

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

1/14/05 352-376-4249

Daytime Phone