

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90123 027 ***138.75

DOCUMENT # M06000002040

1. Entity Name
COOKIE-O LIMITED LIABILITY COMPANY



Principal Place of Business

1161 SOUTH PARK ROAD, #101
HOLLYWOOD, FL 33021

Mailing Address

1161 SOUTH PARK ROAD, #101
HOLLYWOOD, FL 33021

00001000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-4722318

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONCEPCION, CARLOS F
CONCEPCION & ASSOCIATES, P.A.
355 ALHAMBRA CIRCLE, STE. 1250
CORAL GABLES, FL 33134

Name

Miguel Angel Camones

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

8249 NW 36 Street #210

City

Doral

FL

Zip Code

33166

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 the fee is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MIGUEL CAMONES

4/7/08

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
MGR
ARTINANO, ADOLFO S
1161 SOUTH PARK ROAD, #101
HOLLYWOOD, FL 33021 ☐ Delete

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

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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 #

4/7/08

(305) 718-3667