2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

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Entity Name: COFFMAN-MORRISON, L.L.C.

Current Principal Place of Business:

1055 SUGARTREE LANE SOUTH
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

1055 SUGARTREE LANE SOUTH
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 26-2777518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRISON, JOSEPH A
3500 SOUTH FLORIDA AVENUE, SUITE 3
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

MORRISON, JOSEPH A
4416 FLORIDA NATIONAL DRIVE
LAKELAND, FL 33813 US

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.

SIGNATURE: 04/02/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGMR ( ) Change (X) Addition
Name: MORRISON, JOSEPH A
Address: 4416 FLORIDA NATIONAL DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: MGMR ( ) Change (X) Addition
Name: COFFMAN, JEFFREY R
Address: 1055 SUGARTREE LN S
City-St-Zip: LAKELAND, FL 33813

Title: MGMR ( ) Change (X) Addition
Name: MORRISON, LYNNE A
Address: 1610 CLARENDON
City-St-Zip: LAKELAND, FL 33803

Title: MGMR ( ) Change (X) Addition
Name: COFFMAN, KATHLEEN M
Address: 1055 SUGARTREE LN S
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHLEEN M COFFMAN MGMR 04/02/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date