

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000043759

**Entity Name:** COLEMAKER AERO & MARINE, LLC

**Current Principal Place of Business:**

445 ENREDE LN  
ST. AUGUSTINE, FL 32095

**Current Mailing Address:**

445 ENREDE LN  
ST. AUGUSTINE, FL 32095 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COLEMAN III, JAMES C.  
445 ENREDE LN  
ST. AUGUSTINE, FL 32095 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:** JAMES C. COLEMAN III

02/11/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name COLEMAN III, JAMES C  
Address 445 ENREDE LN  
City-State-Zip: ST. AUGUSTINE FL 32095

Title MGRM  
Name SCHOONMAKER, NOEL R  
Address 6377 SUNSET BLVD  
City-State-Zip: ST. AUGUSTINE FL 32095

Title MGRM  
Name COLEMAN, FAYE G  
Address 445 ENREDE LN  
City-State-Zip: ST. AUGUSTINE FL 32095

Title MGRM  
Name WILLIAMS, DANA K  
Address 1818 N J TERRACE  
City-State-Zip: LAKE WORTH FL

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES C. COLEMAN III

MANAGER

02/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date