### 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

## 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	Title	MGRM	
Name	COLEMAN III, JAMES C	Name	SCHOONMAKER, NOEL R	
Address	445 ENREDE LN	Address	6377 SUNSET BLVD	
City-State-Zip:	ST. AUGUSTINE FL 32095	City-State-Zip:	ST. AUGUSTINE FL 32095	
<b>T</b> :41 -	MODM	Title	MGRM	
Title	MGRM	The	MGRW	
Name	COLEMAN, FAYE G	Name	WILLIAMS, DANA K	
Address	445 ENREDE LN	Address	1818 N J TERRACE	
City-State-Zip:	ST. AUGUSTINE FL 32095	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

# FILED Feb 11, 2020 Secretary of State 2160915504CC

Certificate of Status Desired: No