

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000008678

1. Entity Name  
THE COACH CONNECTION, L.L.C.



Principal Place of Business  
15861 DORTH CIRCLE  
FT MYERS, FL 33908

Mailing Address  
15861 DORTH CIRCLE  
FT MYERS, FL 33908



01102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1108309	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DUEEASE, WILLIAM  
15861 DORTH CIR  
FORT MYERS, FL 33908

**DO NOT WRITE  
IN THIS SPACE**

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

*William E. Dueease* *William E. Dueease* *President* *2/10/08*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000831206  
02/27/08-80009-006 143.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE P  
NAME DUEEASE, BILL  
STREET ADDRESS 15861 DORTH CIR  
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE TV  
NAME DUEEASE, CHRISTINE  
STREET ADDRESS 15861 DORTH CIR  
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*William E. Dueease* *President* *2/10/08* *234-415-1777*

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

Date

Daytime Phone #