

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # L02000008593

1. Entity Name
COLACE, LLC



Principal Place of Business
**315 EAST NEW MARKET ROAD
IMMOKALEE, FL 34142**

Mailing Address
**POST OFFICE BOX 3088
IMMOKALEE, FL 34143**



01032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0424589

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITESMAN, GUY E
1715 MONROE STREET
FORT MYERS, FL 33901**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEISINGER, SHERYL A 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISINGER, SHERYL A 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRESS, MAX 315 NEW MARKET RD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEISINGER, JAIME 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DESSAK, PETER 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PURSE, TOBY K 315 EAST NEW MARKET ROAD IMMOKALEE, FL 34142

U000000808151
02/07/08-80037-018 138.75

**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: *Sheryl A. Weisinger*

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

1/8/08

Date

239-657-4421

Daytime Phone #