2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L02000008593

Entity Name: COLACE, LLC

Current Principal Place of Business:

315 EAST NEW MARKET ROAD
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3088
IMMOKALEE, FL 34143

New Mailing Address:

PO BOX 3088
IMMOKALEE, FL 34143

FEI Number: 03-0424589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	WEISINGER, SHERYL A	
Address:	315 EAST NEW MARKET ROAD	
City-St-Zip:	IMMOKALEE, FL 34142	
Title:	P	( ) Delete
Name:	WEISINGER, SHERYL A	
Address:	315 EAST NEW MARKET ROAD	
City-St-Zip:	IMMOKALEE, FL 34142	
Title:	V	( ) Delete
Name:	PRESS, MAX	
Address:	315 NEW MARKET RD	
City-St-Zip:	IMMOKALEE, FL 34142	
Title:	V	( ) Delete
Name:	WEISINGER, JAIME	
Address:	315 EAST NEW MARKET ROAD	
City-St-Zip:	IMMOKALEE, FL 34142 US	
Title:	V	( ) Delete
Name:	DESSAK, PETER	
Address:	315 EAST NEW MARKET ROAD	
City-St-Zip:	IMMOKALEE, FL 34142 US	
Title:	VST	( ) Delete
Name:	PURSE, TOBY K	
Address:	315 EAST NEW MARKET ROAD	
City-St-Zip:	IMMOKALEE, FL 34142 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	PRESS, MAX	
Address:	315 NEW MARKET ROAD	
City-St-Zip:	IMMOKALEE, FL 34142	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: TOBY PURSE VST 01/08/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date