

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90497 005 \*\*\*\*55.00

DOCUMENT # L02000029056

1. Entity Name  
COILEXPERT LLC



Principal Place of Business  
735 PRIMERA BLVD., SUITE 145  
LAKE MARY, FL 32746

Mailing Address  
735 PRIMERA BLVD., SUITE 145  
LAKE MARY, FL 32746

24034496



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262004

Chg-LLC

CR2E083 (10/03)

4. FEI Number  
06-1656150

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME RAUGHEGGER, THOMAS MGR ☒ Delete  
STREET ADDRESS 735 PRIMERA BLVD. STE. 145  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM  
NAME SPIELAUER, FRITZ MGRM ☐ Delete  
STREET ADDRESS INDUSTRIESTRASSE 14  
CITY-ST-ZIP 82256 FURSTENFELDBRUCK, GE GERMANY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM  
NAME OBLAENDER, DIRK MGRM ☐ Delete  
STREET ADDRESS INDUSTRIESTRASSE 14  
CITY-ST-ZIP 82256 FURSTENFELDBRUCK, GE GERMANY

TITLE MGR  
NAME OBLAENDER, DIRK MGR ☒ Change ☐ Addition  
STREET ADDRESS 735 PRIMERA BLVD., SUITE 145  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*

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

Date

(407) 829-7718

Daytime Phone #