

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90038 016 ****55.00

DOCUMENT # L03000018824

1. Entity Name

KOLSEN AND ASSOCIATES, LLC



Principal Place of Business

Mailing Address

4540 5TH AVE
SAINT AUGUSTINE FL 32095

4540 5TH AVE
SAINT AUGUSTINE FL 32095

2. Principal Place of Business - No P.O. Box #

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

ST. JOHNS

Zip

Country

ST. JOHNS

1st MOORE

CR2E083 (10/06)

4. FEI Number

42-1594237

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

LEON, LISA-M
LEON LAW OFFICE, P.A.
5095 US 1 SOUTH
ST. AUGUSTINE FL 32086

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 registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
KOLSEN, WILLIAM
STREET ADDRESS
4540 FIFTH AVE
CITY- ST- ZIP
SAINT AUGUSTINE FL 32095

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
KOLSEN, TRAVIS
2 PRADA AVE
ST. AUGUSTINE, FL 32084
☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

4/12/07

904-829-3827

ATTACHMENT

40088435

STATEMENT OF OWNERSHIP #65000018824

This certifies that I, TRAVIS KOLSEN am a member or
(APPLICANT'S NAME)

managing member of KOLSEN + ASSOCIATES LLC.
(LIMITED LIABILITY COMPANY NAME)

I own 10 % of the units issued by the Limited Liability Company
listed above.

Affidavit of Applicant: I certify that the information contained herein is true
and correct to the best of my knowledge.

TRAVIS KOLSEN

(PRINT NAME)

[Signature]

(APPLICANT'S SIGNATURE)

4/22/07

(DATE)

ATTACHMENT

40088435

#L03000018824

STATEMENT OF OWNERSHIP

This certifies that I, WILLIAM J. ROLSEN am a member or
(APPLICANT'S NAME)

managing member of ROLSEN + ASSOCIATES LLC
(LIMITED LIABILITY COMPANY NAME)

I own 90 % of the units issued by the Limited Liability Company
listed above.

Affidavit of Applicant: I certify that the information contained herein is true
and correct to the best of my knowledge.

WILLIAM J. ROLSEN

(PRINT NAME)

WJR

(APPLICANT'S SIGNATURE)

04-12-2007

(DATE)