

# LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # **L03000018824**

1. Entity Name

**KOLSEN + ASSOCIATES LLC**



**FILED**

2007 NOV 27 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

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

**4540 5 AVE**

3. Mailing Address

**S A M B**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E083B (5/07)

City & State

**ST. AUGUSTINE, FL**

City & State

4. FEI Number

**42-1594237**

Applied For

Not Applicable

Zip

**32095**

Country

**ST. JOHNS**

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6.

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**LEON, LISA M. - LEON LAW OFFICE, P.A.**

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

**5095 U.S. 1 South**

City

**ST. AUGUSTINE**

**FL**

Zip Code

**32086**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9.

MANAGING MEMBERS/MANAGERS (**CHANGE**)

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**KOLSEN, WILLIAM MGRM  
4540 FIFTH AVE  
ST. AUGUSTINE, FL 32095**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10.

**500112599475  
11/27/07--01022--001 \*\*50.00**

**LS**

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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 J. KOLSEN 11/21/07 904-829-3827**

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

Date

Daytime Phone #