

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90072 050 \*\*\*143.75

**DOCUMENT # L03000018824**

1. Entity Name

KOLSEN AND ASSOCIATES, LLC



Principal Place of Business

4540 5TH AVE  
SAINT AUGUSTINE FL 32095

Mailing Address

4540 5TH AVE  
SAINT AUGUSTINE FL 32095

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

4540 5th AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE

Zip

32095

Country

ST. JOHNS

Zip

Country

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

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

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KOLSEN, WILLIAM	
STREET ADDRESS	4540 FIFTH AVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAVIS KOLSEN	
STREET ADDRESS	8 NAVANNA COURT	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/1/08

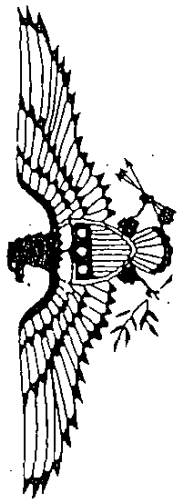
Date

904-829-3827

Daytime Phone #

ATTACHMENT

600008009  
#L03000018874



Organized under the laws of the state of FLORIDA

KOLSEN & ASSOCIATES LLC

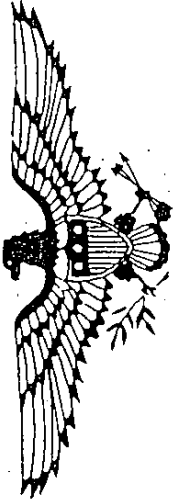
(Enter corporation name here)

This Certifies that TRAVIS KOLSEN is the holder  
of 10 Shares of the 100% shares of the  
total stock issued by the above named Corporation.

This evidences 10 % of the total shares of stock issued by the corporation.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by the duly  
authorized officer this 17 day of Feb. A.D. 2008

[Signature]  
[Must have Signature of an officer of the Corporation]



Organized under the laws of the state of FLORIDA

KOLSEN & ASSOCIATES LLC  
(Enter corporation name here)

This Certifies that William Kolsen is the holder  
of 90% Shares of the 100% shares of the  
total stock issued by the above named Corporation.

This evidences 90 % of the total shares of stock issued by the corporation.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by the duly  
authorized officer this 7 day of Feb A.D. 2008

William Kolsen  
[Must have Signature of an officer of the Corporation]

ATTACHMENT

60008009  
#LO000018824