

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018824

Entity Name: KOLSEN AND ASSOCIATES, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

4540 5TH AVE
SAINT AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

4540 5TH AVE
SAINT AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 42-1594237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, PETER
4540 5TH AVE
% AI FRAMING LLC
SAINT AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

WELLS, PETER
4524 5TH AVE
% AI FRAMING LLC
SAINT AUGUSTINE, FL 32095 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOLSEN, WILLIAM
Address: 4540 FIFTH AVE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: MGRM () Delete
Name: KOLSEN, TRAVIS
Address: 8 NAVANNA COURT
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: KOLSEN, TRAVIS
Address: 1029 VISCAYA BLVD
City-St-Zip: ST AUGUSTINE, FL 32086

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: WILLIAM J. KOLSEN

MGRM

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date