

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000035514

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** CORALIE, L.L.C.

**Current Principal Place of Business:**

747 CRANDON BLVD.  
PH9  
KEY BISCAVNE, FL 33149 US

**New Principal Place of Business:**

**Current Mailing Address:**

747 CRANDON BLVD.  
PH9  
KEY BISCAVNE, FL 33149 US

**New Mailing Address:**

**FEI Number:** 20-0312481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALAZAR, LISETTE PIE ESQ  
240 CRANDON BLVD., STE. 266  
KEY BISCAVNE, FL 33149 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** DUCHAMP, PATRICK  
**Address:** 747 CRANDON BLVD. #PH9  
**City-St-Zip:** KEY BISCAVNE, FL 33149 US

**Title:** MGR  
**Name:** OBERER, CORALIE  
**Address:** 747 CRANDON BLVD. #PH9  
**City-St-Zip:** KEY BISCAVNE, FL 33149 US

I hereby 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:** PATRICK DUCHAMP

MGR

03/07/2011

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