

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044215

FILED
Mar 08, 2008
Secretary of State

Entity Name: COLEMAN'S PROFESSIONAL SERVICES LLC

Current Principal Place of Business:

6674 BELLINGHAM STREET
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5005
6674 BELLINGHAM STREET
NAVARRE, FL 32566 US

New Mailing Address:

PO BOX 5005
NAVARRE, FL 32566 US

FEI Number: 06-1714166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: P () Delete
Name: PORTER III, HARVEY C OWNER
Address: 6674 BELLINGHAM STREET
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: PORTER III, HARVEY. C
Address: 6674 BELLINGHAM STREET
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

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

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

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: HARVEY C PORTER III

OWNE

03/08/2008

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