

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

**FILED
Apr 07, 2008 08:00 A
Secretary of State**

DOCUMENT # L03000054317

1. Entity Name
COTY MITCHELL ENTERPRISES, LLC



Principal Place of Business Mailing Address
2611 TEN ACRE ROAD 2611 TEN ACRE ROAD
PANAMA CITY FL 32405 PANAMA CITY FL 32405



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent

**MITCHELL, TERESA A
2174 CHRISTY LANE
CHIPLEY FL 32428**

4. FEI Number Applied For
59-3293762 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature: Need to print name of registered agent on the top of each page. (NOTE: Registered agents (a) always required when incorporating)

**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	MGR	<input type="checkbox"/> Delete
NAME	MITCHELL, COTY L SR	
STREET ADDRESS	2611 TEN ACRE ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MITCHELL, COTY L JR	
STREET ADDRESS	2611 TEN ACRE ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RAWSON, CHRISTOPHER C	
STREET ADDRESS	2607 TEN ACRE ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32405	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		

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04/17/08-80030-006 143.75

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: Coty Mitchell Sr. Coty Mitchell 4-308-1852787 (950)

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Signature