

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018895

Entity Name: COLEMAN SERVICES, LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

1910 SARATOGA FARMS TRAIL
DELEON SPRINGS, FL 32130

New Principal Place of Business:

24020 FOX ROAD
ASTOR, FL 32102

Current Mailing Address:

1910 SARATOGA FARMS TRAIL
DELEON SPRINGS, FL 32130

New Mailing Address:

24020 FOX ROAD
ASTOR, FL 32102

FEI Number: 68-0581750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, CARISA
1910 SARATOGA FARMS TRAIL
DELEON SPRINGS, FL 32130 US

Name and Address of New Registered Agent:

COLEMAN, CARISA
24020 FOX ROAD
ASTOR, FL 32102 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: CARISA C COLEMAN

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLEMAN, CHRISTOPHER
Address: 1910 SARATOGA FARMS TRAIL
City-St-Zip: DELEON SPRINGS, FL 32130

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COLEMAN, CHRISTOPHER
Address: 24020 FOX ROAD
City-St-Zip: ASTOR, FL 32102

Title: MGRM () Change (X) Addition
Name: COLEMAN, CARISA C
Address: 24020 FOX ROAD
City-St-Zip: ASTOR, FL 32102

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: CARISA COLEMAN

MGRM

04/13/2009

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