

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000018895

Entity Name: COLEMAN SERVICES, LLC

**FILED**  
**May 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

24020 FOX ROAD  
ASTOR, FL 32102

**New Principal Place of Business:**

2657 PALM TERR  
DELAND, FL 32720

**Current Mailing Address:**

24020 FOX ROAD  
ASTOR, FL 32102

**New Mailing Address:**

2657 PALM TERR  
DELAND, FL 32720

FEI Number: 68-0581750      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

COLEMAN, CARISA  
24020 FOX ROAD  
ASTOR, FL 32102      US

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

COLEMAN, CARISA  
2657 PALM TERR  
DELAND, FL 32720      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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/21/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COLEMAN, CHRISTOPHER  
Address: 2657 PALM TERR  
City-St-Zip: DELAND, FL 32720

Title: MGRM  
Name: COLEMAN, CARISA C  
Address: 2657 PALM TERR  
City-St-Zip: DELAND, FL 32720

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: CARISA COLEMAN

MGRM

05/21/2010

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