

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000054326

**Entity Name:** COLEAL CONSULTING LLC

**FILED**  
**Aug 23, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

8201 JAMES STREET  
PANAMA CITY, FL 32404

**New Principal Place of Business:**

**Current Mailing Address:**

8201 JAMES STREET  
PANAMA CITY, FL 32404

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

COLEAL, NANCY M  
8201 JAMES STREET  
PANAMA CITY, FL 32404 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MS ( ) Change (X) Addition  
Name: COLEAL, NANCY M  
Address: 8201 JAMES STREET  
City-St-Zip: PANAMA CITY, FL 32404

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANCY M COLEAL

MS

08/23/2005

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