

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000012676

**FILED**  
**Feb 11, 2012**  
**Secretary of State**

**Entity Name:** COLWILL FAMILY DON PEDRO, LLC

**Current Principal Place of Business:**

4605 CLARKSDALE LANE  
BRANDON, FL 33511 US

**New Principal Place of Business:**

**Current Mailing Address:**

4605 CLARKSDALE LANE  
BRANDON, FL 33511 US

**New Mailing Address:**

**FEI Number:** 20-2348676

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHN H. RAINS III, P.A.  
501 EAST KENNEDY BOULEVARD  
SUITE 750  
TAMPA, FL 33602 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:** MGRM  
**Name:** COLWILL, CHARLES C  
**Address:** 4605 CLARKSDALE LANE  
**City-St-Zip:** BRANDON, FL 33511 US

**Title:** MGRM  
**Name:** COLWILL, DEBRA A  
**Address:** 4605 CLARKSDALE LANE  
**City-St-Zip:** BRANDON, FL 33511 US

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:** CHARLES C COLWILL

MGRM

02/11/2012

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