

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000015366

**Entity Name:** SAMUEL COLVILLE, LLC

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4081 ERIKA CT  
PENSACOLA, FL 32526

**New Principal Place of Business:**

**Current Mailing Address:**

4081 ERIKA CT  
PENSACOLA, FL 32526

**New Mailing Address:**

**FEI Number:** 20-2330859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLVILLE, SAMUEL  
4081 ERIKA CT  
PENSACOLA, FL 32526 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:** COLVILLE, SAMUEL  
**Address:** 4081 ERIKA CT  
**City-St-Zip:** PENSACOLA, FL 32526

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: OFFOCER

D

01/24/2012

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