

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90026 032 ***143.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

60037093



DOCUMENT # L05000022216					
1. Entity Name C. CALVIN COLEY, LLC					
Principal Place of Business 415 CROSSWAY ROAD TALLAHASSEE, FL 32305 US			Mailing Address 415 CROSSWAY ROAD TALLAHASSEE, FL 32305 US		
2. Principal Place of Business - No P.O. Box # <i>Same</i>			3. Mailing Address <i>Same</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-2436080				Applied for Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEY, C. CALVIN 415 CROSSWAY ROAD TALLAHASSEE, FL 32305			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent to exist in the State of Florida. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE <i>Calvin Coley</i> DATE <i>4-30-08</i>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR COLEY, C. CALVIN 415 CROSSWAY ROAD TALLAHASSEE, FL 32305	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR COLEY, SONYA 415 CROSSWAY ROAD TALLAHASSEE, FL 32305	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: <i>Calvin Coley</i> <i>Sonya Coley</i> <i>Sonya Coley</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					