

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022216

Entity Name: C. CALVIN COLEY, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

415 CROSSWAY ROAD
TALLAHASSEE, FL 32305 US

New Principal Place of Business:

3708 NORTHWEST PASSAGE
TALLAHASSEE, FL 32303 US

Current Mailing Address:

415 CROSSWAY ROAD
TALLAHASSEE, FL 32305 US

New Mailing Address:

3708 NORTHWEST PASSAGE
TALLAHASSEE, FL 32303 US

FEI Number: 20-2436080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEY, C. CALVIN
415 CROSSWAY ROAD
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

COLEY, C. CALVIN
3708 NORTHWEST PASSAGE
TALLAHASSEE, FL 32303 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:

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COLEY, C. CALVIN
Address: 415 CROSSWAY ROAD
City-St-Zip: TALLAHASSEE, FL 32305

Title: MGR () Delete
Name: COLEY, SONYA
Address: 415 CROSSWAY ROAD
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COLEY, C. CALVIN
Address: 3708 NORTHWEST PASSAGE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR (X) Change () Addition
Name: COLEY, SONYA
Address: 3708 NORTHWEST PASSAGE
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CALVIN COLEY

OWNE

04/27/2009

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