

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000031742

1. Entity Name  
KOEHNLEIN & ASSOCIATES LLC



**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
490 PERCHERON CIRCLE  
NOKOMIS, FL 34275 US

Mailing Address  
490 PERCHERON CIRCLE  
NOKOMIS, FL 34275 US



01032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2603381	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KOEHNLEIN, GLEN D  
490 PERCHERON CIRCLE  
NOKOMIS, FL 34275

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

0000000854094  
03/26/08-80095-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME KOEHNLEIN, GLEN D  
STREET ADDRESS 490 PERCHERON CIRCLE  
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE MGRM  
NAME KOEHNLEIN, MARTHA F  
STREET ADDRESS 490 PERCHERON CIRCLE  
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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; 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: *Glen D. Spehlein*

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/7/08

941-320-7640

Date

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**