

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085001

Entity Name: COLES HILLS LLC

FILED
Sep 01, 2009
Secretary of State

Current Principal Place of Business:

1029 SOUTHERN OAK LN
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

1029 SOUTHERN OAK LN
APOPKA, FL 32712 US

New Mailing Address:

FEI Number: 20-3397394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MACGOWAN, TREVOR
1029 SOUTHERN OAK LN
APOPKA, FL 32712 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MACGOWAN, ELAINE
Address: 1029 SOUTHERN OAK LN
City-St-Zip: APOPKA, FL 32712

Title: MGR () Delete
Name: MACGOWAN, TREVOR
Address: 1029 SOUTHERN OAK LN
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TREVOR MACGOWAN

MGR

09/01/2009

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