

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109896

Entity Name: COADY, LLC

FILED
Aug 17, 2008
Secretary of State

Current Principal Place of Business:

2104 DELTA WAY STE 2
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15855
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 20-3786777 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:

SHOVLAIN, PAUL J
2104 DELTA WAY STE 2
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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHOVLAIN, PAUL J
Address: 2104 DELTA WAY STE 2
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: P () Delete
Name: DEL MONACO, ROBERT L
Address: P.O. BOX 17131
City-St-Zip: TAMPA, FL 33682 US

Title: EVP () Delete
Name: ST. PIERRE-CHARLES, DENNIS P
Address: P.O. BOX 15855
City-St-Zip: TALLAHASSEE, FL 32317 US

ADDITIONS/CHANGES:

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

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: PAUL J SHOVLAIN

MGRM

08/17/2008

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