

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109896

FILED
Apr 29, 2009
Secretary of State

Entity Name: COADY, LLC

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 ()

Name and Address of Current Registered Agent:

SHOVLAIN, PAUL J
2104 DELTA WAY STE 2
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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

04/29/2009

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