

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90484 038 ****50.00

DOCUMENT # L06000025654

1. Entity Name

LINDA COLEMAN, LLC



Principal Place of Business

17181 SE 86TH LANE
OCKLAWAHA FL 32179

Mailing Address

17181 SE 86TH LANE
OCKLAWAHA FL 32179



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

83-0452169

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, LINDA S
17181 SE 86TH LANE
OCKLAWAHA FL 32179

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME COLEMAN, LINDA S
STREET ADDRESS 17181 SE 86TH LANE
CITY- ST- ZIP OCKLAWAHA FL 32179 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Linda Coleman Linda Coleman

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

3-1-07 352-288-0737

Date

Daytime Phone #