

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013425

Entity Name: COYLE & CROWELL LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

4614 PRESTON WOODS DR.
VALRICO, FL 33594

New Principal Place of Business:

4614 PRESTON WOODS DR.
VALRICO, FL 33596

Current Mailing Address:

4614 PRESTON WOODS DR.
VALRICO, FL 33594

New Mailing Address:

4614 PRESTON WOODS DR.
VALRICO, FL 33596

FEI Number: 02-0800640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COYLE, RONALD
4614 PRESTON WOODS DR.
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

COYLE, RONALD
4614 PRESTON WOODS DR.
VALRICO, FL 33596 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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COYLE, RONALD
Address: 4614 PRESTON WOODS DR.
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: CROWELL, J. KATHY
Address: 4614 PRESTON WOODS DR.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COYLE, RONALD
Address: 4614 PRESTON WOODS DR.
City-St-Zip: VALRICO, FL 33596

Title: MGRM (X) Change () Addition
Name: CROWELL, J. KATHY
Address: 4614 PRESTON WOODS DR.
City-St-Zip: VALRICO, FL 33596

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: RONALD COYLE

MGRM

04/28/2009

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