

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000043463

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**Entity Name:** P.C. COGGINS & ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

140 SADDLEBROOK WAY  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3492  
DELAND, FL 32723

**New Mailing Address:**

**FEI Number:** 26-0404346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COGGINS, PATRICK C DR.  
744 VASSAR RD.  
DELAND, FL 32724 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:** MGR  
**Name:** COGGINS, PATRICK C DR.  
**Address:** 744 VASSAR RD.  
**City-St-Zip:** DELAND, FL 32724

**Title:** MGR  
**Name:** DALY, BARRY DR.  
**Address:** P.O. BOX 364  
**City-St-Zip:** GOTH A, FL 34734

**Title:** MGR  
**Name:** THOMSON, MELVIONA MRS  
**Address:** 1195 HEIDI COURT  
**City-St-Zip:** DELAND, FL 32720

**Title:** MGR  
**Name:** GIDDARIE, MARK MR  
**Address:** 4910 WATERS EDGE TRAIL  
**City-St-Zip:** ROSWELL, GA 30075

**Title:** MGRM  
**Name:** LEAHY, ROBERT DR.  
**Address:** 416 N. SANS SOUCI AVENUE  
**City-St-Zip:** DELAND, FL 32720

I hereby 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:** DR.PATRICK COGGINS

MGR

03/04/2010

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