

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095986

FILED
Sep 08, 2009
Secretary of State

Entity Name: CAROLYN M. SCHUMANN, LLC

Current Principal Place of Business:

1837 CLEVELAND ST
PALM BAY, FL 32905

New Principal Place of Business:

445 S. ORLANDO AVE.
COCOA BEACH, FL 32931

Current Mailing Address:

425 BUCHANAN AVE
307
CAPE CANAVERASL, FL 32920

New Mailing Address:

445 S. ORLANDO AVE.
COCOA BEACH, FL 32931

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUMANN, RICHARD
425 BUCHANAN AVE
307
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

SCHUMANN, RICHARD
445 S. ORLANDO AVE.
COCOA BEACH, FL 32931 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:

09/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHUMANN, CAROLYN M
Address: 425 BUCHANAN AVE, # 307
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGR () Delete
Name: UHLAND, RONALD
Address: 296 CARMEL DR.
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHUMANN, CAROLYN M
Address: 445 S. ORLANDO AVE.
City-St-Zip: COCOA BEACH, FL 32931

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: CAROLYN M. SCHUMANN

MGRM

09/08/2009

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