2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014880

Entity Name: SARAH E COLEMAN, LLC

FILED Apr 25, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

759 S.E. FEDERAL HWY. 759 S.E. FEDERAL HWY. SUITE 310

SUITE 312 STUART, FL 34994 STUART, FL 34994

Current Mailing Address: New Mailing Address:

759 S.E. FEDERAL HWY. 759 S.E. FEDERAL HWY. SUITE 310 SUITE 312

STUART, FL 34994 US STUART, FL 34994 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM

COLEMAN, SARAH E Name: Address: 6172 SE RIVERBOAT DRIVE City-St-Zip: STUART, FL 34997 US

Title: DR

Name: COLEMAN, SARAH Address: 6172 SE RIVERBOAT DRIVE City-St-Zip: STUART, FL 34997 UN

Title: DR

COLEMAN, SARAH Name: 6172 SE RIVERBOAT DRIVE Address: City-St-Zip: STUART, FL 34997 UN

Title: DR

Name: COLEMAN, SARAH

6172 SE RIVERBOAT DRIVE Address: City-St-Zip: STUART, FL 34997 UN

Title: DR

COLEMAN, SARAH Name:

6172 SE RIVERBOAT DRIVE Address: STUART, FL 34997 UN City-St-Zip:

Title:

COLEMAN, SARAH Name:

Address: 6172 SE RIVERBOAT DRIVE STUART, FL 34997 UN City-St-Zip:

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 Statues.

SIGNATURE: SARAH E. COLEMAN 04/25/2011