

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000076874

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** PAULA C. COFFMAN, ESQ., P.L.

**Current Principal Place of Business:**

102 DRENNEN ROAD  
B4  
ORLANDO, FL 32806

**New Principal Place of Business:**

200 N THORNTON AVENUE  
ORLANDO, FL 32801

**Current Mailing Address:**

PO BOX 561229  
ORLANDO, FL 32856

**New Mailing Address:**

**FEI Number:** 26-3154425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COFFMAN, PAULA C  
4042 SUMMERWOOD AVENUE  
ORLANDO, FL 32812 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: MGRM  
Name: COFFMAN, PAULA C  
Address: 4042 SUMMERWOOD AVENUE  
City-St-Zip: ORLANDO, FL 32812

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: PAULA C COFFMAN

MGRM

04/20/2011

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