

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104826

FILED
Feb 16, 2009
Secretary of State

Entity Name: G.R. COLTART & ASSOCIATES, LLC

Current Principal Place of Business:

256 RIBERIA ST.
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

256 RIBERIA ST.
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

PO BOX 9008
ST. AUGUSTINE, FL 32085 US

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

Name and Address of Current Registered Agent:

COLTART, GARY R
256 RIBERIA ST.
ST. AUGUSTINE, FL 32084 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 () Delete
Name: COLTART, GARY R
Address: 256 RIBERIA ST.
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGR () Delete
Name: COLTART, ANN
Address: 256 RIBERIA ST.
City-St-Zip: ST. AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY R COLTART

MR

02/16/2009

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