

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104826

**FILED**  
**Jan 12, 2010**  
**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:**

134 RIBERIA ST  
SUITE 5  
ST. AUGUSTINE, FL 32084 US

**Current Mailing Address:**

PO BOX 9008  
ST. AUGUSTINE, FL 32085 US

**New Mailing Address:**

**FEI Number:** 26-4262541      **FEI Number Applied For ( )**      **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:**

COLTART, GARY R  
134 RIBERIA ST.  
SUITE 5  
ST. AUGUSTINE, FL 32084 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

01/12/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: COLTART, GARY R  
Address: 134 RIBERIA ST., STE 5  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGR  
Name: COLTART, ANN  
Address: 134 RIBERIA ST., STE 5  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

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: ANN COLTART

MGR

01/12/2010

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