

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104826

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

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

929 MIRROR LAKE DR  
ST. AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

929 MIRROR LAKE DR  
ST. AUGUSTINE, FL 32086 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  
929 MIRROR LAKE DR  
ST. AUGUSTINE, FL 32086 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  
Name: COLTART, GARY R  
Address: 929 MIRROR LAKE DR  
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: MGR  
Name: COLTART, ANN  
Address: 929 MIRROR LAKE DR  
City-St-Zip: ST. AUGUSTINE, FL 32086 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: GARY COLTART

MGR

01/10/2012

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