

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L96000001023

1. Entity Name

JOHN J. COFFEY AND ASSOCIATES, L.C.



Principal Place of Business

2729 OAKLAND AVENUE SOUTH
LAKELAND FL 33803

Mailing Address

2729 OAKLAND AVENUE SOUTH
LAKELAND FL 33803



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

59-3403467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALM, EUGENE M
2729 OAKLAND AVENUE SOUTH
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME COFFEY, JOHN J
STREET ADDRESS 803 HALLOWELL CIRCLE
CITY-ST-ZIP ORLANDO FL 32828

TITLE MGRM ☐ Delete
NAME PALM, EUGENE M
STREET ADDRESS 1968 VISTA VIEW DRIVE
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000936080
CITY-ST-ZIP 05/23/08-80098-001 138.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Display a P.O. #

Eugene M. Palm **EUGENE M. PALM** 4/28/08 (863) 686-4385