


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 29, 2007 08:00 AM
Secretary of State**

DOCUMENT # L98000001016		
1. Entity Name COBERT C. COLLINS ENTERPRISES, L.L.C.		
Principal Place of Business 879 E. RAMBLING DRIVE WELLINGTON, FL 33414-5011 US	Mailing Address 879 E. RAMBLING DRIVE WELLINGTON, FL 33414-5011 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COLLINS, COBERT C 879 E. RAMBLING DRIVE WELLINGTON, FL 33414		DO NOT WRITE IN THIS SPACE
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: <u>Coert C. Collins</u> <small>Signature typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLLINS, COBERT C 879 EAST RAMBLING DRIVE WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLLINS, PENNY A 879 EAST RAMBLING DRIVE WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 Chapter 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: <u>Coert C. Collins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01232007No Chg-LLC

CR2E083 (11/05)

4. FCI Number
65-0871293

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

000000608581
02/01/07-80015-017 50.00