

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001252

Entity Name: COLEMAN LABS, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

10475 RIVERSIDE DR.
SUITE 3
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

10475 RIVERSIDE DR.
SUITE 3
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 04-3657361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, KENNETH
10475 RIVERSIDE DRIVE, #3
PALM BEACH GARDENS, FL 33410 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: GLENDINNING, RALPH
Address: 10475 RIVERSIDE DR #3
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Delete
Name: COLEMAN, KENNETH
Address: 10475 RIVERSIDE DR #3
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Delete
Name: RIPMA, GORDON
Address: 10475 RIVERSIDE DR #3
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

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

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: KENNETH R COLEMAN

MGR

01/15/2009

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