

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000003132

Entity Name: COALIANZ, LLC

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

852 ISLE POINTE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

852 ISLE POINTE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 93-1306952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHEROS, GEORGE  
866 CARDINAL POINTE COVE  
SANFORD, FL 32771 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: MGRM  
Name: JAMES, CHRISTOPHER  
Address: 852 ISLE POINT  
City-St-Zip: SANFORD, FL 32771

Title: MGRM  
Name: CHEROS, GEORGE  
Address: 866 CARDINAL POINTE COVE  
City-St-Zip: SANFORD, FL 32771

Title: MGRM  
Name: WENDT, ERIK  
Address: 852 ISLE POINTE  
City-St-Zip: SANFORD, FL 32771

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: GEORGE E. CHEROS

MGRM

05/01/2011

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