

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000082335

Entity Name: M. COLEMAN TRUCKING LLC

Current Principal Place of Business:

546 LONG ISLAND STREET E
LEHIGH ACRES, FL 33974

Current Mailing Address:

PO BOX 547
LEHIGH ACRES, FL 33970

FEI Number: 45-2773815

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARR, ADRIANNE
2227 FOWLER STREET
FORT MYERS, FL 33901 US

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

Authorized Person(s) Detail :

Title MGR
Name COLEMAN, MARSHALL
Address 546 LONG ISLAND STREET E
City-State-Zip: LEHIGH ACRES FL 33974

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARSHALL COLEMAN

MANAGING MEMBER

05/01/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date