## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000160192

Entity Name: PAT COLBERT OIL PROPERTIES LLC

**Current Principal Place of Business:** 

561 QUAIL LAKE DR DEBARY, FL 32713

**Current Mailing Address:** 

561 QUAIL LAKE DR DEBARY, FL 32713

FEI Number: 46-4128976 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLBERT, MICHAEL 561 QUAIL LAKE DR DEBARY, FL 32713 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: MICHAEL COLBERT 02/13/2021

Electronic Signature of Registered Agent

Date

**FILED** Feb 13, 2021

**Secretary of State** 

7748668767CC

Authorized Person(s) Detail :

Title MGRM Title **MGRM** 

WAGSTAFF, SHAWNA K Name COLBERT, MICHAEL Name Address 943 SANTA FE AVE Address 561 QUAIL LAKE DR City-State-Zip: VENTURA CA 93004 DEBARY FL 32713 City-State-Zip:

Title AUTHORIZED MEMBER Title **AUTHORIZED MEMBER** Name COLBERT, BRETT STEPHEN THOMAS, ANDREA C. Name

Address 128 POKOLE WAY Address 55706 BRAE BURN KAILUA HI 96734 City-State-Zip: City-State-Zip: LA QUINTA CA 92253

AUTHORIZED MEMBER Title **AUTHORIZED MEMBER** Title Name HOBBS, VIOLET COLBERT NEWTON, M MICHELLE Name Address 201 SEASCAPE RD

11860 ARBOR GLEN DRIVE Address

City-State-Zip: RANCHO PALOS VERDES CA 90275 City-State-Zip: CHARDON OH 44024

Title **AUTHORIZED MEMBER** COLBERT, DOUGLASS C JR. Name

**62 LOCKE ST** Address City-State-Zip: SACO ME 04072

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.

02/13/2021 MANAGING MEMBER SIGNATURE: MICHAEL COLBERT

Electronic Signature of Signing Authorized Person(s) Detail

Date