

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000003622

**Entity Name:** W COE & ASSOCIATES, LLC

**Current Principal Place of Business:**

201 COLLEGE BLVD E  
#20  
NICEVILLE, FL 32578

**Current Mailing Address:**

201 COLLEGE BLVD E  
#20  
NICEVILLE, FL 32578 US

**FEI Number:** 45-1019621

**Certificate of Status Desired:** No

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

COE, WILLIAM  
201 COLLEGE BLVD E  
#20  
NICEVILLE, FL 32578 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 MGRM  
Name COE, WILLIAM  
Address 201 COLLEGE BLVD E  
#20  
City-State-Zip: NICEVILLE FL 32578

Title CHIEF DOMESTIC OFFICER  
Name COE, ADELIN V  
Address 201 COLLEGE BLVD E  
#20  
City-State-Zip: NICEVILLE FL 32578

*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:** WILLIAM COE

**PRESIDENT**

**03/02/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date