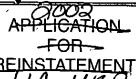
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

L01000020120

Name and Mailing Address

FILED 02 NOV 25 AM II: 10 SECRETARY OF STATE

0009078 01 FP 0.352 \*\*PRSRT HO 0 0615 32118-615502 lalladdadladlalladdabladdablablalladd COASTAL MANAGEMENT, LLC 3013 S. ATLANTIC AVE. #802 DAYTONA BEACH SHORES FL 32118-6155



2. New Mailing Address				4. State/Country of Formation		
City, State, Zip				-5. Date Organized or Qualified To Do Business in Florida 11/20/2001		
30	Place of Business 013 S. ATLANTIC AVE, #802	3. New Principal Place of Business Address		6. FEI Number Applied For		
DA	AYTONA BEACH SHORES FL 32	T&製, State, Zip		7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent		
			Name Name			
30	AUDER, JOHN F 113 S. ATLANTIC AVE. #802 AYTONA BEACH SHORES FL 32	118	Street Address (P.O. Box Number is Not Acceptable)			
			City		F	Zip Code
Registered	REC	SISTERED AGENT MUST SIGN Member/Manager			Date	1.02
	es and Street Addresses of Each Managing I Name of Managing		et Address of Each			
Title(s)	Members/Managers Mana		ng Member/Manager City / State / Zip			
	John F. Gauder MG-RM	3013 S #	Atlantic 802	- Ave	Daytonn Be FL 3	ach Shas.
					8021829011 06/25/02 90	191 141 alo den
		p	7/			
2. I certify filing the	y that I am managing member/manager or t nis reinstatement application the reason for di cowed by the limited liability company have b ade under oath.	he receiver or trustee empowered to issolution has been eliminated, the lipography. The information indicated	o execute this applimited liability compa	ication as provic	led for in chapter 608, F.S. I as the requirements of section	further certify that when 608,406, F.S., and that

Signature of Managing Member/Manage

Typed or printed name of