

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000069809

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** GOLD COAST CARIBBEAN IMPORTERS, LLC

**Current Principal Place of Business:**

10055 NW 12TH STREET  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

44 COCOANUT ROW  
SUITE T-8  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 27-0584844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWEREN, MARTIN  
44 COCOANUT ROW  
SUITE T-8  
PALM BEACH, FL 33480 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: MGR  
Name: SWEREN, MARTIN  
Address: 44 COCOANUT ROW, STE T-8  
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM  
Name: LEVIN, ERIC T  
Address: 10055 NW 12TH STREET  
City-St-Zip: DORAL, FL 33172

Title: MGRM  
Name: LEVIN, ROSS M  
Address: 1751 NW 12TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM  
Name: SWEREN, MARTIN TRUSTEE  
Address: 44 COCOANUT ROW, STE T-8  
City-St-Zip: PALM BEACH, FL 33480

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: MARTIN SWEREN

MGR

01/11/2011

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