## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063485

**Entity Name: COASTAL DISTRIBUTION LLC** 

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**Current Principal Place of Business:** 

2199 PONCE DE LEON BLVD. SUITE 301

CORAL GABLES, FL 33134

**Current Mailing Address:** 

2199 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134

FEI Number: 22-3980964 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEWART AGENT SERVICES 2199 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134 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

FILED Jan 24, 2013

**Secretary of State** 

CC7038272034

## Authorized Person(s) Detail:

Title MGR

Name BRUNO, JOSHUA

Address 2199 PONCE DE LEON BLVD., SUITE

301

City-State-Zip: CORAL GABLES FL 33134

SIGNATURE: JOSHUA L. BRUNO

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT/CEO

01/24/2013

Date