

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000042045

Entity Name: COASTAL WINDOWS & DOORS, LLC.

Current Principal Place of Business:

8300 RESOURCE ROAD
WEST PALM BEACH, FL 33404

Current Mailing Address:

8300 RESOURCE ROAD
WEST PALM BEACH, FL 33404

FEI Number: 27-3212012

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DERREVERE, HAWKES, BLACK & COZAD
2005 VISTA PARKWAY, STE210
WEST PALM BEACH, FL 33411 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 MGR
Name FULLWOOD, JAMES EJR
Address 8300 RESOURCE ROAD
City-State-Zip: WEST PALM BEACH FL 33404

Title MGR
Name FULLWOOD, DENNIS C
Address 8300 RESOURCE ROAD
City-State-Zip: WEST PALM BEACH FL 33404

Title MGR
Name FULLWOOD, DONNA
Address 8300 RESOURCE ROAD
City-State-Zip: WEST PALM BEACH FL 33404

Title MGR
Name FULLWOOD, SCOTT
Address 8300 RESOURCE ROAD
City-State-Zip: WEST PALM BEACH FL 33404

Title MANAGER
Name HARRELL, ROBERT W JR
Address 8300 RESOURCE ROAD
City-State-Zip: WEST PALM BEACH FL 33404

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: JAMES FULLWOOD

MANAGER

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date