

**2019 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:** No

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

DERREVERE, HAWKES, BLACK & COZAD  
2005 VISTA PARKWAY, STE. 210  
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

*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**

**04/01/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date