

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000057410

**Entity Name:** AMERICUS VII, LLC

**Current Principal Place of Business:**

COASTAL CONSTRUCTION PRODUCTS, INC  
3401 PHILIPS HWY  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

COASTAL CONSTRUCTION PRODUCTS, INC  
3401 PHILIPS HWY  
JACKSONVILLE, FL 32207

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ALLCORN, FRANK WIV  
3401 PHILIPS HWY  
JACKSONVILLE, FL 32207 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 MGRM  
Name ALLCORN, FRANK WIV  
Address 3401 PHILIPS HWY  
City-State-Zip: JACKSONVILLE FL 32207

*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:** FRANK W ALLCORN IV

MANAGER

01/09/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date