

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000061484

**Entity Name:** SAINT'S COASTAL CLEANING AND FLOORING INSTALLATION  
LLC

**Current Principal Place of Business:**

2412 MARY ANN DRIVE  
SOUTHPORT, FL 32409

**Current Mailing Address:**

2412 MARY ANN DRIVE  
SOUTHPORT, FL 32409 US

**FEI Number:** 46-1606124

**Certificate of Status Desired:** Yes

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

SMITH, HEATHER A  
2412 MARY ANN DRIVE  
SOUTHPORT, FL 32409 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:** HEATHER ALLEGRO SMITH

09/07/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                         |                 |                     |
|-----------------|-------------------------|-----------------|---------------------|
| Title           | MGR                     | Title           | MGRM                |
| Name            | SMITH, HEATHER A        | Name            | SMITH, HEATHER A    |
| Address         | 2412 MARY ANN DRIVE     | Address         | 2412 MARY ANN DRIVE |
| City-State-Zip: | SOUTHPORT FL 32409      | City-State-Zip: | SOUTHPORT FL 32409  |
| Title           | AUTHORIZED MEMBER       | Title           | AUTHORIZED MEMBER   |
| Name            | SMITH, MICHAEL RANDOLPH | Name            | SIMS, DAREN MICHAEL |
| Address         | 2412 MARY ANN DRIVE     | Address         | 16218 ANDERSON ROAD |
| City-State-Zip: | SOUTHPORT FL 32409      | City-State-Zip: | FOUNTAIN FL 32438   |
| Title           | AUTHORIZED MEMBER       |                 |                     |
| Name            | KELLY, BOBBY JUNIOR     |                 |                     |
| Address         | 537 JOSEPH CIRCLE       |                 |                     |
| City-State-Zip: | SOUTHPORT FL 32409      |                 |                     |

*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:** HEATHER ALLEGRO SMITH

**MANAGER**

09/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date