

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000106317

Entity Name: COASTAL INSURANCE INSPECTIONS L.L.C.

Current Principal Place of Business:

1602 E YONGE ST
PENSACOLA, FL 32503

Current Mailing Address:

1602 E YONGE ST
PENSACOLA, FL 32503

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARRIEU, CHRIS J
1602 E YONGE ST
PENSACOLA, FL 32503 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 LARRIEU, CHRIS J
Address 1602 E YONGE ST
City-State-Zip: PENSACOLA FL 32503

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.

SIGNATURE: CHRIS J LARRIEU

MGR

01/24/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date