

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000062059

Entity Name: COASTAL TRIM AND CABINETS LLC

Current Principal Place of Business:

87 BAY PINE DRIVE
CRAWFORDVILLE, FL 32327

Current Mailing Address:

87 BAY PINE DRIVE
CRAWFORDVILLE, FL 32327

FEI Number: 90-0970526

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOMAN, SCOTT
87 BAY PINE DRIVE
CRAWFORDVILLE, FL 32327 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 HOMAN, SCOTT
Address 87 BAY PINE DRIVE
City-State-Zip: CRAWFORDVILLE FL 32327

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: SCOTT HOMAN

OWNER

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date