

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000043032

Entity Name: COASTAL WATER SOLUTIONS, LLC

Current Principal Place of Business:

1550 SHARON LN
MIDDLEBURG, FL 32068

Current Mailing Address:

PO BOX 270
MIDDLEBURG, FL 32050 US

FEI Number: 47-3374420

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MINTON, KEVIN
1550 SHARON LN
MIDDLEBURG, FL 32068 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 AMBR
Name MINTON, KEVIN
Address 1550 SHARON LN
City-State-Zip: MIDDLEBURG FL 32068

Title AMBR
Name WALDEN, JAMES
Address PO BOX 270
City-State-Zip: MIDDLEBURG FL 32050

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: KEVIN MINTON

AMBR

04/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date