

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000105802

Entity Name: COAST SUPPLIERS LLC

Current Principal Place of Business:

888 BRICKELL KEY DR
APT 1110
MIAMI, FL 33131

Current Mailing Address:

888 BRICKELL KEY DR
APT 1110
MIAMI, FL 33131 US

FEI Number: 36-4812408

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WORLDWIDE CORPORATE ADMINISTRATORS, LLC
2330 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 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 | CLAVIER CARRILLO, LINA MARIA |
| Address | 888 BRICKELL KEY DR APT 1110 |
| City-State-Zip: | MIAMI FL 33131 |
| Title | MGR |
| Name | CALDERON ACQUATELLA, DANIEL MAXIME |
| Address | 888 BRICKELL KEY DR APT 1110 |
| City-State-Zip: | MIAMI FL 33131 |

| | |
|-----------------|---------------------------------|
| Title | MGR |
| Name | GIMENO RUIZ, DANIEL VICENTE |
| Address | 888 BRICKELL KEY DR APT 1110 |
| City-State-Zip: | MIAMI FL 33131 |
| Title | MGR |
| Name | VILARINO MEDINA, ALEJANDRO |
| Address | 888 BRICKELL KEY DR APT 1110 |
| City-State-Zip: | MIAMI FL 33131 |

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: CLAVIER CARRILLO , LINA MARIA

MGR

04/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date