

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000096665

Entity Name: COASTAL TRANSMISSION & SERVICE CENTER, LLC

Current Principal Place of Business:

1450 HARRISON AVE.
PANAMA CITY, FL 32401

Current Mailing Address:

1450 HARRISON AVE.
PANAMA CITY, FL 32401

FEI Number: 81-2711982

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RATCLIFFE, LORI D
1450 HARRISON AVE.
PANAMA CITY, FL 32401 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 WALLMAN, GARY L
Address 1450 HARRISON AVE.
City-State-Zip: PANAMA CITY FL 32401

Title AMBR
Name OWENBY, JEFFREY S
Address 1450 HARRISON AVE.
City-State-Zip: PANAMA CITY FL 32401

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: GARY L. WALLMAN

MEMBER

03/08/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date