

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000146405

Entity Name: EAST COAST CENTER LLC

Current Principal Place of Business:

8986 CRICHTON WOOD DR
ORLANDO, FL 32819

Current Mailing Address:

8986 CRICHTON WOOD DR
ORLANDO, FL 32819

FEI Number: 82-2217757

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TREVETT, DAVID H
5850 T G LEE BLVD
SUITE 435
ORLANDO, FL 32832 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 GAINES, G.KENWOOD
Address 8986 CRICHTON WOOD DR
City-State-Zip: ORLANDO FL 32819

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: G. KENWOOD GAINES

MANAGER

04/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date