

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000003364

**FILED  
Apr 18, 2016  
Secretary of State  
CC4948949474**

**Entity Name:** COASTAL TRANSPORT LOGISTICS, LLC

**Current Principal Place of Business:**

502 E. BRIDGERS AVENUE  
AUBURNDALE, FL 33823

**Current Mailing Address:**

502 E. BRIDGERS AVENUE  
AUBURNDALE, FL 33823

**FEI Number:** 20-3267592

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 REID, STEVEN  
Address 322 GRANGE ROAD  
City-State-Zip: FORT WENTWORTH GA 31407

Title MGR  
Name FOX, ROBERT  
Address 502 E. BRIDGERS AVENUE  
City-State-Zip: AUBURNDALE FL 33823

Title MGR  
Name STRAUGHN, RICHARD E  
Address 502 E. BRIDGERS AVENUE  
City-State-Zip: AUBURNDALE FL 33823

*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:** RICHARD E STRAUGHN

**MANAGER**

**04/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date