

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000005741

1. Entity Name

NORTH COAST TECHNOLOGIES, L.L.C.



Principal Place of Business

34 AUTUMN LANE
SOUTH HAMILTON, MA 01982

Mailing Address

1201 US HWY ONE
STE 435
NORTH PALM BEACH, FL 33408



01092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3520114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAMINSKI, CAROL ANN
1201 US HWY ONE
SUITE 435
NORTH PALM BEACH, FL 33408

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000886755
04/18/08-80070-014-138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KENNY, MICHAEL J
STREET ADDRESS	34 AUTUMN LANE
CITY-ST-ZIP	SOUTH HAMILTON, MA 01962
TITLE	MGR
NAME	MCGRATH, MICHAEL B
STREET ADDRESS	200 MAIN STREET, ROOM 201
CITY-ST-ZIP	FALMOUTH, MA 02540
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/1/08

978 582-7300