

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90032 022 ****50.00

DOCUMENT # L00000005741

1. Entity Name

NORTH COAST TECHNOLOGIES, L.L.C.



Principal Place of Business

**34 AUTUMN LANE
SOUTH HAMILTON MA 01982**

Mailing Address

**P.O. BOX 13076
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1201 U.S. HIGHWAY ONE

SUITE 435

NORTH PALM BEACH FL

33408



☒ CHECK HERE IF MAKING CHANGES

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
2000 PGA BLVD
SUITE 3220
NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name

CAROL ANN KAMINSKI

Street Address (P.O. Box Number is Not Acceptable)

1201 U.S. HIGHWAY ONE

SUITE 435

City

NORTH PALM BEACH

FL

Zip Code

33408

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

Carol Ann Kaminski

1-6-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **KENNY, MICHAEL J**
STREET ADDRESS **34 AUTUMN LANE**
CITY-ST-ZIP **SOUTH HAMILTON MA 01962**

TITLE **MGR** ☐ Delete
NAME **MCGRATH, MICHAEL B**
STREET ADDRESS **200 MAIN STREET, ROOM 201**
CITY-ST-ZIP **FALMOUTH MA 02540**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Michael J. Kenny

3/1/03 978-468-8097

Date

Daytime Phone #

CR2E083 (10/02)