

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90086 010 ****50.00

DOCUMENT # L01000002478

1. Entity Name

HIDDEN COAST PROPERTIES LLC



Principal Place of Business

609 EAST GORRIE DRIVE
ST. GEORGE ISLAND FL 32328

Mailing Address

94 SHERBROOK RD.
MANSFIELD OH 44907

*PD
delivered
months ago*

24061541

2. Principal Place of Business

3. Mailing Address

301 LOGAN RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MANSFIELD OH

Zip

Country

Zip

Country

44907-2816

RICHLAND

4. FEI Number

58-2604052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEACH, SUSAN K
609 EAST GORRIE DRIVE
ST. GEORGE ISLAND FL 32328

Name

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

City

FL

Zip Code

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

Susan K Leach

SUSAN K. LEACH

3-24-04

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, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEACH, PATRICK D
94 SHERBROOK RD
MANSFIELD OH 44907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEACH, PATRICK D
301 LOGAN RD
MANSFIELD OH 44907-2816 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEACH, SUSAN K
609 E GORRIE DR
ST GEORGE ISLAND FL 32328 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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]

General MGR H. 02/04 6:45

3/24/04

419 9213

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

Date

Daytime Phone #