

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90010 041 ****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

**609 EAST GORRIE DRIVE
ST. GEORGE ISLAND FL 32328**

2. Principal Place of Business

3. Mailing Address

94 SHERBROOK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MANSFIELD OHIO

Zip

Country

Zip
44907

Country

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

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

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 ☐ Change ☐ Addition

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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]

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

3/24/03

Date

419 755 8388

Daytime Phone #

CR2E083 (10/02)