

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90033 045 ****50.00

DOCUMENT # L01000003571

1. Entity Name
SEA COAST & COMPANY, L.L.C.



Principal Place of Business
**1681 COLLEGE PKWY
GULF BREEZE, FL 32563**

Mailing Address
**PO BOX 1422
GULF BREEZE, FL 32561-1422**

DO NOT WRITE IN THIS SPACE



04272005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3710299

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, KIM M
1681 COLLEGE PKWY
GULF BREEZE, FL 32563**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **P**
NAME **SMITH, KIM M**
STREET ADDRESS **1681 COLLEGE PKWY**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **MGRM**
NAME **SMITH, T.L.**
STREET ADDRESS **1681 COLLEGE PKWY**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/05 (800) 934-2835