

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90013 022 ***138.75

DOCUMENT # L01000003995

1. Entity Name
GULF COAST HOLDINGS L.L.C.



Principal Place of Business
**13577 U.S. HWY 19
PALM HARBOR, FL 34684**

Mailing Address
**PO BOX 1069
CRYSTAL BEACH, FL 34681**

50006229

2. Principal Place of Business - No P.O. Box #

13577 US HWY 19 N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242008 Chg-LLC CR2E083 (12/06)

City & State

CLEARWATER, FL

City & State

4. FEI Number

59-3719513

Applied For

Not Applicable

Zip

33764

Country

USA

Zip

Country

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

**SCAGNELLI, PAUL
13577 US HWY. 19 NORTH
CLEARWATER, FL 33764**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCAGNELLI, PAUL
PO BOX 1069
CRYSTAL BEACH, FL 34681**

☐ Delete

TITLE
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #