

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000010869

**Entity Name:** COAST TO COAST, L.L.C.

**FILED**  
**Oct 16, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

303 8TH AVE  
LEHIGH ACRES, FL 33972

**New Principal Place of Business:**

303 8TH AVE  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

303 8TH AVE  
LEHIGH ACRES, FL 33972

**New Mailing Address:**

303 8TH AVE  
LEHIGH ACRES, FL 33936

**FEI Number:** 65-1124859      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HISE, JONATHAN  
303 8TH AVE  
LEHIGH ACRES, FL 33972      US

**Name and Address of New Registered Agent:**

HISE, JONATHAN  
303 8TH AVE  
LEHIGH ACRES, FL 33936      US

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.

SIGNATURE: JONATHAN HISE

10/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HISE, JONATHAN  
Address: 303 8TH AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: HISE, JONATHAN  
Address: 303 8TH AVE  
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JONATHAN HISE

MGR

10/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date