


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000015180</b> 1. Entity Name <b>GULF COAST SUPPLY HOLDINGS, L.L.C.</b>	
---	---

Principal Place of Business <b>4020 SOUTHWEST 449TH STREET HORSESHOE BEACH FL 32648</b>	Mailing Address <b>4020 SOUTHWEST 449TH STREET HORSESHOE BEACH FL 32648</b>
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE      CR2E083 (10/06)

4. FEI Number <b>59-3759629</b>	Applied For
	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>SHERRILL, JOHN 1ST STREET EAST HORSESHOE BEACH FL 32648</b>	Name Street Address (P.O. Box Number is Not Acceptable) City
	State: <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

	<b>FILE NOW!!! FEE IS \$50.00</b>	
<b>Make Check Payable to Florida Department of State</b>		
<b>Due By May 1, 2007</b>		

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRILL, JOHN	NAME	
STREET ADDRESS	4134 SOUTHWEST 449TH STREET	STREET ADDRESS	U00000690408
CITY-STATE-ZIP	HORSESHOE BEACH FL 32648	CITY-STATE-ZIP	04/11/07-80074-007 200.00
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, JEFF	NAME	
STREET ADDRESS	4024 SOUTHWEST 449TH STREET	STREET ADDRESS	
CITY-STATE-ZIP	HORSESHOE BEACH FL 32648	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  *nlgr.*      Date: **4-3-07**      Daytime Phone #: **352-498-0778**

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