

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000015180

**FILED**  
**Jan 07, 2009**  
**Secretary of State**

**Entity Name:** GULF COAST SUPPLY HOLDINGS, L.L.C.

**Current Principal Place of Business:**

4020 SOUTHWEST 449TH STREET  
HORSESHOE BEACH, FL 32648

**New Principal Place of Business:**

**Current Mailing Address:**

4020 SOUTHWEST 449TH STREET  
HORSESHOE BEACH, FL 32648

**New Mailing Address:**

**FEI Number:** 59-3759629      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHERRILL, JOHN  
4134 SW 449 ST  
HORSESHOE BEACH, FL 32648      US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SHERRILL, JOHN  
Address: 4134 SOUTHWEST 449TH STREET  
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: MGR      ( ) Delete  
Name: REED, JEFF  
Address: 4024 SOUTHWEST 449TH STREET  
City-St-Zip: HORSESHOE BEACH, FL 32648

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN SHERRILL

MGR

01/07/2009

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