

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90008 019 *****50.00

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DOCUMENT # L01000015180

1. Entity Name

GULF COAST SUPPLY HOLDINGS, L.L.C.



Principal Place of Business

**10TH STREET EAST
HORSESHOE BEACH FL 32648**

Mailing Address

**P.O. BOX 278
HORSESHOE BEACH FL 32648**

2. Principal Place of Business

Rt 1 Box 112
Suite, Apt. #, etc.

3. Mailing Address

Rt 1 Box 112
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Horseshoe Bch. FL

City & State

Horseshoe Bch. FL

4. FEI Number

59-3759629

Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHERRILL, JOHN
1ST STREET EAST
HORSESHOE BEACH FL 32648**

7. Name and Address of New Registered Agent

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SHERRILL, JOHN**
STREET ADDRESS **1ST STREET EAST**
CITY-ST-ZIP **HORSESHOE BEACH FL 32648**

TITLE **MGR** ☐ Delete
NAME **REED, JEFF**
STREET ADDRESS **HIGHWAY 351**
CITY-ST-ZIP **HORSESHOE BEACH FL 32648**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

John Sherrill 4-4-03 352-498-0778

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

Date

Daytime Phone #

CR2E083 (10/02)