

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000015365

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** COAST TOWN N' COUNTRY, P.L.

**Current Principal Place of Business:**

7340 WATERS AVE  
TAMPA, FL 33634

**New Principal Place of Business:**

7340 WEST WATERS AVE  
TAMPA, FL 33634

**Current Mailing Address:**

2502 ROCKY POINT DR. N.  
1000  
TAMPA, FL 33607

**New Mailing Address:**

4010 BOYSCOUT BLVD  
1100  
TAMPA, FL 33607

**FEI Number:** 59-3735953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HUIE, TRISH  
2502 ROCKY POINT DRIVE, SUITE 1000  
TAMPA, FL 33607 US

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

HUIE, PATRICIA  
4010 BOYSCOUT BLVD  
SUITE 1100  
TAMPA, FL 33607 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: PATRICIA HUIE

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COAST DENTAL, P.A.  
Address: 4010 BOYSCOUT BLVD, SUITE 1100  
City-St-Zip: TAMPA, FL 33607

Title: MGRM  
Name: ALGOOD, JOHN DDS  
Address: 7340 WEST WATERS AVE  
City-St-Zip: TAMPA, FL 33634

I hereby 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: PATRICIA HUIE

ATTY

01/05/2010

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