

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000018003

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Entity Name:** COAST PORT CHARLOTTE, P.L.

**Current Principal Place of Business:**

4161 TAMiami TRIAL  
BUILDING 6 SUITE 604  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

2502 ROCKY POINT DRIVE N  
1000  
TAMPA, FL 33607 US

**New Mailing Address:**

4010 BOY SCOUT BLVD  
1100  
TAMPA, FL 33607 US

**FEI Number:** 59-3737383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HUIE, PATRICIA A ESQ  
2502 ROCKY POINT DRIVE N  
1000  
TAMPA, FL 33607 US

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

HUIE, PATRICIA A ESQ  
4010 BOY SCOUT BLVD  
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

01/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGRM  
Name: AMBER DENTAL, LLC  
Address: 4161 TAMiami TRIAL, BLDG 6, SUITE 604  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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

01/25/2010

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