2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
04 JUN 22 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000019092

1. Entity Name
PACIFIC COAST INSURANCE GROUP, LLC

Principal Place of Business	Mailing Address
1180 SW 36TH AVE SUITE 201 POMPANO BEACH, FL 33069	1180 SW 36TH AVE SUITE 201 POMPANO BEACH, FL 33069
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

06212004 Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2650583 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENTHAL, STEPHEN ESQ
8142 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name: Charles Vaccaro
Street Address (P.O. Box Number is Not Acceptable): 145 E. 49th Street
City: Hialeah FL Zip Code: 33013

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: Charles Vaccaro DATE: 6/21/2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NARACESINGH, SANDRA ESQ 1180 SW 36TH AVE # 201 POMPANO BEACH, FL 33069 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lidsky, Carlos 145 E. 49th Street Hialeah, FL 33013 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NARACESINGH, RAMNARES 1180 SWTH 36TH AVE #201 POMPANO BEACH, FL 33069 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: R. Joseph Costanzo, JR, Authorized Representative Date: 6/21/2004 Daytime Phone #: 678-812-2605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE