

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jun 02, 2006 8:00 am
Secretary of State

05-01-2006 90033 024 ****50.00

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1. Entity Name
SOUTHCOAST EQUIPMENT COMPANY, L.L.C.



Principal Place of Business
**3530 AGRICULTURAL CENTER DR., STE. 209
ST. AUGUSTINE, FL 32092**

Mailing Address
**3530 AGRICULTURAL CENTER DR., STE. 209
ST. AUGUSTINE, FL 32092**

30009388



04092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1948795

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LYNN, MICHAEL D
3803 WINDJAMMER LANE
SAINT AUGUSTINE, FL 32084**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	LYNN, MICHAEL D
STREET ADDRESS	3803 WINDSUMMER LN.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	VP
NAME	LYNN, MICHAEL WADE
STREET ADDRESS	2925 CABBAGE HAMMOCK RD.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	S
NAME	LYNN, JOYCE P
STREET ADDRESS	3803 WINDSUMMER LN.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32044
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Michael D. Lynn* **Michael D. Lynn**

5/30/06 **904-623-9112**

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

Date

Daytime Phone #