

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000001791

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**



02062007 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000635914
02/23/07-80033-025 50.00

**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: _____

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

Michael D. Lynn

2/12/07

Date

904-823-9112

Daytime Phone #