

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 21, 2004 8:00 am**  
**Secretary of State**

09-21-2004 90039 031 \*\*\*\*50.00

**DOCUMENT # L02000002564**

1. Entity Name  
CENTRAL COAST DEVELOPMENT, L.L.C.



Principal Place of Business  
330 S. ORANGE AVE  
SARASOTA, FL 34236

Mailing Address  
330 S. ORANGE AVE  
SARASOTA, FL 34236

**24085770**



09012004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
74-3037420

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DENT, JOHN C JR, ESQ  
C/O DENT & ASSOCIATES, P.A.  
330 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236

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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 September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM:
NAME	HOLLIDAY, CRAIG
STREET ADDRESS	P.O. BOX 37606 330 South Orange Ave.
CITY-ST-ZIP	SARASOTA, FL 34236 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:** \_\_\_\_\_

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

9/1/04 (941) 951-2699  
Date Daytime Phone #