

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000004741

1. Entity Name

COASTAL RETREAT VI, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN -8 AM 9:59

Principal Place of Business

1234 AIRPORT ROAD  
SUITE 215  
DESTIN FL 32541

Mailing Address

1234 AIRPORT ROAD  
SUITE 215  
DESTIN FL 32541

2. Principal Place of Business

4300 Legendary Drive

3. Mailing Address

4300 Legendary Drive

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

Destin, FL

City & State

Destin, FL

Zip  
32541

Country

Zip  
32541

Country

4. FEI Number

59-3755013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSON, RICHARD

~~1234 AIRPORT ROAD~~

~~SUITE 215~~

DESTIN FL 32541

4300 Legendary Drive

Suite 204

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

4-28-06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
OLSON & ASSOCIATES OF NW FLORIDA, INC.  
1234 AIRPORT ROAD  
DESTIN FL 32541 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4300 Legendary Drive, Ste 204  
Destin, FL 32541 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700076302577  
06/19/06--01005--001 \*\*2150.00 ☐ 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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-06

850-650-2838

Date

Daytime Phone #