

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000010716**

1. Entity Name

COAST TO COAST LAND DEVELOPERS, LLC



Principal Place of Business

126 EAST OLYMPIA, STE. 301  
PUNTA GORDA, FL 33950

Mailing Address

126 EAST OLYMPIA, STE. 301  
PUNTA GORDA, FL 33950



01242008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

03-0484025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NICKELSON, KIM  
126 EAST OLYMPIA, STE. 301  
PUNTA GORDA, FL 33950

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NICKELSON, KIM
STREET ADDRESS	126 EAST OLYMPIA, STE. 301
CITY - ST - ZIP	PUNTA GORDA, FL 33950
TITLE	MGRM
NAME	BISHOP, BRAD
STREET ADDRESS	12577 SW KINGSWAY CIRCLE
CITY - ST - ZIP	LAKE SUZY, FL
TITLE	MGRM
NAME	HERSTON, JAMES
STREET ADDRESS	133 CREEK DR SE
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000850253  
03/21/08-80056-019 138.75

**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

Date

Daytime Phone #

3-4-08 (941) 575-6586