

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/4/2003-90036-032-\$55.00-\$55.00

DOCUMENT # L02000011167

1. Entity Name
COAST GUARD SECURITY L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 17 AM 8:50

W9/17

Principal Place of Business
8520 EAGLE PRESERVE WAY
SARASOTA FL 34241

Mailing Address
8520 EAGLE PRESERVE WAY
SARASOTA FL 34241



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
47-0858126
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BRUSH, CYRUS R
8520 EAGLE PRESERVE WAY
SARASOTA FL 34241

7. Name and Address of New Registered Agent
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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUSH, CYRUS R 8520 EAGLE PRESERVE WAY SARASOTA FL 34241 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMINGS, TYLER F 8520 EAGLE PRESERVE WAY SARASOTA FL 34241 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUSH, CHRISTINE F 8520 EAGLE PRESERVE WAY SARASOTA FL 34241 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/25/03 941-650-9566
Date Daytime Phone #

CR2E083 (4/03)