

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90584 005 \*\*\*\*\*50.00

**DOCUMENT # L02000019218**

1. Entity Name

**SOUTHERN COASTAL DESIGNS, LLC**



Principal Place of Business

Mailing Address

**512 DUVAL ST. REAR  
KEY WEST FL 33040  
US**

**1008 SOUTHARD ST.  
KEY WEST FL 33040  
US**

**30067146**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

**P.O. Box 4255**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Key West, FL**

4. FEI Number

**16-1661667**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33041**

**USA**

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

**BANNER, MICHAEL  
4244 W. TENNESSEE ST.  
#185  
TALLAHASSEE FL 32304**

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **HEMME, DAVID L**  
CITY-ST-ZIP **1008 SOUTHARD ST.  
KEY WEST FL 33040**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **P.O. Box 4255**  
CITY-ST-ZIP **Key West, FL 33041**

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **SMITH, JUDI C**  
CITY-ST-ZIP **PO BOX 1893  
BLAIRSVILLE GA 30514**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-30-02 706-781-2540**

CR2E083 (10/02)

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