

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

01-31-2003 90060 029 ****55.00

DOCUMENT # L02000030955

1. Entity Name
GULF COAST HOLDINGS, LLC



Principal Place of Business

**4326 SE 1ST AVE.
CAPE CORAL FL 33904**

Mailing Address

**4326 SE 1ST AVE.
CAPE CORAL FL 33904**

2. Principal Place of Business

4326 S.E. 1ST AVE

Suite, Apt. #, etc.

3. Mailing Address

4326 S.E. 1ST AVE

Suite, Apt. #, etc.

City & State

CAPE CORAL FLORIDA

City & State

CAPE CORAL FL.

Zip

33904

Country

Zip

33904

Country

6. Name and Address of Current Registered Agent

**TORRES, RAYMOND
4326 SE 1ST AVE.
CAPE CORAL FL 33904**

4. FEI Number

EIN-56-2305582

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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]

RAYMOND TORRES MANAGER

2-13-03

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

TITLE **MANAGER** ☐ Delete
NAME **RAYMOND TORRES**
STREET ADDRESS **4326 S.E. 1ST AVE**
CITY-ST-ZIP **C.C. FL-33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **RICHARD TORRES ESP.** ☐ Change ☐ Addition
NAME **MEMBER**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

TITLE ☐ Change ☐ Addition
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 606, Florida Statutes.

SIGNATURE:

[Signature]
RAYMOND TORRES

2-25-03

Date

239-542-3571

Daytime Phone #

CR2E083 (10/02)