

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2003 8:00 am**  
**Secretary of State**

09-17-2003 90012 001 \*\*\*\*50.00

**DOCUMENT # L02000032315**

1. Entity Name

**GOLDCOAST WEB HOSTING, L.L.C.**



Principal Place of Business

Mailing Address

**10030 WEST MCNAB ROAD  
FORT LAUDERDALE FL 33321**

**10030 WEST MCNAB ROAD  
FORT LAUDERDALE FL 33321**

2. Principal Place of Business

**15751 SHERIDAN ST.**

3. Mailing Address

**15751 SHERIDAN ST.**

Suite, Apt. #, etc.

**STE. 212**

Suite, Apt. #, etc.

**STE. 212**

City & State

**DAVIE, FL**

City & State

**DAVIE, FL**

4. FEL Number

**90-0072148**

Applied For

Not Applicable

Zip

**33331**

Country

**USA**

Zip

**33331**

Country

**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

**MARGULES, SCOTT ESQ  
LAW OFFICE OF SCOTT MARGULES, P.A.  
20801 BISCAYNE BLVD., STE. 303  
AVENTURA FL 33180**

Name

**DAVID GEIER**

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

**6325 TWEKS BURY TERRACE**

City

**DAVIE**

FL

Zip Code

**33331**

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 **x David Geier**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**x 8-23-03**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
DAVID L. GEIER  
6325 TWEKS BURY TER.  
DAVIE, FL 33331**

☐ Delete

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☐ 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: **x David Geier**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**x 8-23-03**

Date

**954-434-8728**

Daytime Phone #

CR2E083 (4/03)