

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034511

**FILED**  
**Jan 04, 2007**  
**Secretary of State**

**Entity Name:** GULF COAST SURF & SKATE CO., LLC

**Current Principal Place of Business:**

6572 SEMINOLE BLVD., SUITE 10  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

6572 SEMINOLE BLVD., SUITE 10  
SEMINOLE, FL 33772

**New Mailing Address:**

**FEI Number:** 14-1865454      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAILLANCOURT, AIMEE N  
1425 ORANGE STREET  
CLEARWATER, FL 33756      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: VAILLANCOURT, AIMEE N  
Address: 1425 ORANGE STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM      ( ) Delete  
Name: VAILLANCOURT, ROBIN A JR.  
Address: 1504 CITRUS STREET  
City-St-Zip: CLEARWATER, FL 33756

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AIMEE VAILLANCOURT

MGRM

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date