

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

DOCUMENT # L03000000200

1. Entity Name

GOLD COAST HOME SOLUTIONS LLC



FILED

2003 APR 17 PM 3:42

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7491 N. Federal Hwy

Suite, Apt. #, etc.

C5 #183

3. Mailing Address

7491 N. Federal Hwy

Suite, Apt. #, etc.

C5 #183

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

Country

33487 USA

Zip

Country

33487 USA

4. FEI Number

16-1644310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joanne Loveday

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

7201 NE 8th Ave

City

Boca Raton

FL

Zip Code

33487

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

Joanne Loveday, member

4/15/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
marm Joanne Loveday
STREET ADDRESS
7491 N. Federal Hwy C5 #183
CITY-ST-ZIP
Boca Raton, FL 33487

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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:

Joanne Loveday, member 4/15/03 (561) 715-0712

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

Date

Daytime Phone #

CR2E083B (12/02)