

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000001443

1. Entity Name
GULF COAST INTERMEDIARY LLC



Principal Place of Business
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

Mailing Address
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3764245

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOPKINS, F. THOMAS
4909 HIDDEN OAKS TRAIL
SARASOTA, FL 34232-3041

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

U00000776312
01/09/08-80019-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HOPKINS, F. THOMAS
STREET ADDRESS 2033 MAIN STREET, SUITE 600
CITY - ST - ZIP SARASOTA, FL 34237

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

F. Thomas Hopkins, Manager

1-4-08

Date

941-953-8109

Daytime Phone #