

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000017155

1. Entity Name
SOUTHCOAST, LLC



Principal Place of Business

1900 NW 33 CT.

4
POMPAÑO BEACH, FL 33064 US

Mailing Address

1900 NW 33 CT.

4
POMPAÑO BEACH, FL 33064 US



01292005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
61-1449360

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODGERS, WILLIAM S
1900 NW 33 CT.

4
POMPAÑO BEACH, FL 33064

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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 William S Rodgers **William S Rodgers MGRM 4/5/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RODGERS, WILLIAM S
3451 NE 13TH TERRACE
POMPAÑO BEACH, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SWORD, ROBERT G
7715 NW 1ST STREET
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MAGEE, ROBERT
2721 SW 16TH COURT
FT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/08/05-80063-005 50.00

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: William S Rodgers **William S Rodgers 4/5/05 709-0992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #