

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021023

FILED
Apr 15, 2009
Secretary of State

Entity Name: GULF COAST PROPERTY SERVICES, LLC

Current Principal Place of Business:

209 7TH STREET
SUITE C
PORT ST. JOE, FL 32456

New Principal Place of Business:

209 7TH STREET
PORT ST. JOE, FL 32456

Current Mailing Address:

224 7TH STREET
PORT ST. JOE, FL 32456 US

New Mailing Address:

209 7TH STREET
PORT ST. JOE, FL 32456 US

FEI Number: 20-0037186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVAK, JEREMY T
523 7TH STREET
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

NOVAK, JEREMY T
209 7TH STREET
PORT ST. JOE, FL 32456 US

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:

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FARRELL, JOSEPH P JR
Address: 236 BALBOA
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM () Delete
Name: NOVAK, JEREMY T
Address: 523 7TH STREET
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FARRELL, JOSEPH P JR
Address: 209 7TH STREET
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM (X) Change () Addition
Name: NOVAK, JEREMY T
Address: 209 7TH STREET
City-St-Zip: PORT ST. JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify 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: JEREMY T.M. NOVAK

MGMR

04/15/2009

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