

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000037137

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** COASTAL ATHLETIC TRAINING SERVICES, LLC

**Current Principal Place of Business:**

210 SCOOTER DR.  
PANAMA CITY, FL 32408 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15187  
PANAMA CITY, FL 32406 US

**New Mailing Address:**

210 SCOOTER DR.  
PANAMA CITY, FL 32408 US

**FEI Number:** 20-0261164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORRIS, ERIN L  
210 SCOOTER DR.  
PANAMA CITY, FL 32408 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: COO  
Name: MORRIS, JOHN R  
Address: 210 SCOOTER DR  
City-St-Zip: PANAMA CITY, FL 32408 US

I hereby 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: JOHN R. MORRIS

COO

04/13/2010

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