2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

DOCUMENT # L03000039608

1. Entity Name

GULF COAST CUSTOM EMBROIDERY, LLC



Apr 09, 2004 8:00 am Secretary of State 04-09-2004 90220 019 ****50.00

FILED

Principal Place of Bu	siness	Mailing Address						
12921 TREELINE (NORTH FORT MYE US			12921 TREELINE COURT NORTH FORT MYERS FL 33903 US					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					

NORTH FOR US			NORTH FORT MYER US									
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CI	R2E083 ((11/03)					
City & State		City & State			4. FEI Numi	-1484448			olied For Applicable			
Zip	Country Zip Cou			Coun	itry	5. Certificat	5. Certificate of Status Desired S5.00 Additional Fee Required					
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent							
				Name								
YATES, STACEY L												
12921 TREELINE COURT NORTH FORT MYERS FL 33903				Street Address (P.O. Box Number is Not Acceptable)								
			City FL Zip Code									
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 A					d Agent signature requ	urad uthan rainstation)		DATE				
·	Signature, types	or printed risine or registered eigent				•						
FILE:NOW!!!: FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2004												
9.		MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/CH	ANGES				
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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 informatic 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.

NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE