

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90220 019 ****50.00

DOCUMENT # L03000039608

1. Entity Name

GULF COAST CUSTOM EMBROIDERY, LLC



Principal Place of Business

12921 TREELINE COURT
NORTH FORT MYERS FL 33903
US

Mailing Address

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

4. FEI Number

16-1686668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YATES, STACEY L
12921 TREELINE COURT
NORTH FORT MYERS FL 33903

Name

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 Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	YATES, STACEY L	
STREET ADDRESS	12921 TREELINE COURT	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	YATES, SHAWN A	
STREET ADDRESS	12921 TREELINE COURT	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE:

Stacey L Yates

4-6-04 (239) 995-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #