2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 10, 2007 8:00 am Secretary of State **DOCUMENT #L03000042182** 04-10-2007 90082 021 ****50.00 WESTCOAST TRANSITIONS MARKETING, LLC Principal Place of Business Mailing Address **6811 NORTH MARIE AVENUE 6811 NORTH MARIE AVENUE** 60034630 TAMPA, FL 33614 TAMPA, FL 33614 3. Mailing Address 36846 Washington Loop Rd 2. Principal Place of Business - No P.O. Box # 36846 Washington Loop Ro Suite, Apt. #, etc. Chg-LLC 04032007 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Punta Gorda unta Gorda 20-0373411 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENENDEZ, ROBERT M Street Address (P.O. Box Number is Not Acceptable) **6811 NORTH MARIE AVENUE** TAMPA, FL 33614 City Zip Code FL 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. Muriny DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** Change TITLE TITLE ☐ Addition Delete TARPON COAST MARKETING SPECIALISTS, LLC 36846 Wochington Loop Rd Punta Gorda, FL 33982 NAME NAME 6811 NORTH MARIE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33614** CITY-ST-7IP MGRM ☐ Change TITLE ☐ Delete TITLE ☐ Addition MCFARLIN, CHRISTOPHER NAME NAME STREET ADORESS 19631 S.E. 15TH PLACE STREET ADDRESS CITY-ST-ZIP MORRISTON, FL 32668 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.