

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049088

Entity Name: BLUE COAST GROUP, LLC

FILED
Jul 24, 2008
Secretary of State

Current Principal Place of Business:

1911 NW 150 AVE
104
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

1911 NW 150 AVE
104
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 56-2419531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DACOSTA, FERNANDO
1911 NW 150 AVE STE 104
PEMBROKE PINES, FL 33028 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: MGRM () Delete
Name: DACOSTA, FERNANDO
Address: 1911 NW 150 AVE STE 104
City-St-Zip: PEMBROKE PINES6, FL 33028 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DACOSTA, FERNANDO MGRM
Address: 1911 NW 150 AVE STE 104
City-St-Zip: PEMBROKE PINES6, FL 33028 US

Title: MGRM () Change (X) Addition
Name: DACOSTA, LUZ W MEMBER
Address: 1911 NW 150 AVE STE 104
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: FERNANDO DACOSTA

MGRM

07/24/2008

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