

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055442

FILED
Jan 10, 2009
Secretary of State

Entity Name: COASTAL CONNECTION CONSULTANTS, L.L.C.

Current Principal Place of Business:

4412 WINDLAKE DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

4412 WINDLAKE DRIVE
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 20-2571822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANCHORS, C. LEDON
909 MAR WALT DRIVE, STE. 1014
FORT WALTON BEACH, FL 32547 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: MASSING, SANDY
Address: 4412 WINDLAKE DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: CATANESE, LOUIS T
Address: 1781 MOUNT ROYAL DRIVE
City-St-Zip: ATLANTA, GA 30329

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SANDY MASSING

MGRM

01/10/2009

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