


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90151 027 \*\*\*\*50.00

**DOCUMENT # L03000056711**

1. Entity Name  
**WEST COAST GRADING, L.L.C.**



Principal Place of Business  
**560 WILSON BLVD. SO.  
NAPLES FL 34117**

Mailing Address  
**560 WILSON BLVD. SO.  
NAPLES FL 34117**

2. Principal Place of Business  
**560 WILSON BLVD. S.**

3. Mailing Address  
**560 WILSON BLVD. S.**

Suite, Apt. #, etc.

City & State  
**NAPLES, FL.**

City & State  
**NAPLES, FL.**

Zip  
**34117**

Country  
**COLORED**

Zip  
**34117**

Country  
**COLORED**

4. FEI Number  
**2010503943**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required



MOORE CR2E083 (4/04)

6. Name and Address of Current Registered Agent  
**PLANTHABER, GARY L SR  
560 WILSON BLVD. SO.  
NAPLES FL 34117**

7. Name and Address of New Registered Agent  
Name  
**GARY L PLANTHABER SR**  
Street Address (P.O. Box Number is Not Acceptable)  
**560 WILSON BLVD. S.**  
City  
**NAPLES** FL Zip Code  
**34117**

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 **Gary L. Planthaber Sr.** **8/16/04**  
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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLANTHABER, GARY L SR 560 WILSON BLVD. SO. NAPLES FL 34117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **GARY LEE PLANTHABER SR** **9/1/04 (27) 455-5487**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 25, 2004

WEST COAST GRADING, L.L.C.  
560 WILSON BLVD. SO.  
NAPLES, FL 34117

Subject: WEST COAST GRADING, L.L.C.

Reference Number: L03000056711

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RH  
ANNUAL REPORTS SECTION