


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000000892</b>	
1. Entity Name FIRST COAST SPECIALTY MAINTENANCE LLC	

Principal Place of Business 30 OCEAN DR. ST. AUGUSTINE, FL 32080 US	Mailing Address P.O. BOX 871 ST. AUGUSTINE, FL 32085-0871 US
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**DO NOT WRITE IN THIS SPACE**



03302008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3602941	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ROCKE J  
 30 OCEAN DR.  
 ST. AUGUSTINE, FL 32080

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000876939  
 04/11/08-80094-013 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, ROCKE J PO BOX 871 ST. AUGUSTINE, FL 32085
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11. 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.

**SIGNATURE:** *Rocke J. Brown* **ROCKE J. BROWN** 3/31/2008 (904)540-0562

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

Date Daytime Phone #