2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE .

01-25-2006 90050 001 ****50 00 **DOCUMENT # L04000003924** 1. Entity Name COASTLINE WHOLESALE SIGNS AND SERVICES, LTD. CO. Mailing Address Principal Place of Business 30001998 970 SMOKERISE BLVD PORT ORANGE, FL 32127 970 SMOKERISE BLVD PORT ORANGE, FL 32127 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Chg-LLC CR2E083 (11/05) 4. FEI Numbe 2006092 Applied For City & State City & State APPLIED FOR Not Applicable Country \$5.00 Additional 6. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent FLORIO, DANIEL E Street Address (P.O. Box Number is Not Acceptable) 970 SMOKERISE BLVD PORT ORANGE, FL 32127 City Zip Code 8. The above named entity submit 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 again Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9 ☐ Addition MGRM TITLE Change me FLORIO, DANIEL E HALE 970 SMOKERISE BLVD STREET ADDRESS STREET ADDRESS CATY-\$T-ZIP PORT ORANGE, FL 32127 CITY-ST-ZIP ☐ Addition TITLE Octeto TITLE ☐ Change ř MAKE STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete MLE ☐ Change ☐ Addition IIILE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deleta ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-709 CITY-ST-ZIP Detese ☐ Addition MLE NAME NUME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: Daniel Florio Daniel Florio 1-21-06

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNAND MANAGER MANAGER OR AUTHORIZED REPRESENTATIVE DEC DESCRIPTION I

Delate.

FILED Mar 09, 2006 8:00 am Secretary of State

Addition

☐ Change

ADDI LIMITED LIABILITY COMPANY ATTACHMENT ANNUAL REPORT

Daytime Phone #

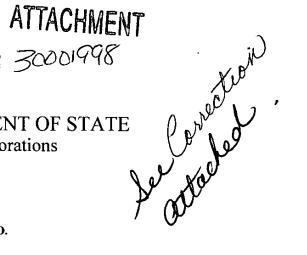
UMENT # L04000003924

ASTLINE WHOLESALE SIGNS AND SERVICES, LTD.



JCO.									
Principal Place of Business 970 SMOKERISE BLVD PORT ORANGE, FL 32127		Malling Address 970 SMOKERISE BLVD PORT ORANGE, FL 32127				000190			
2. Principal Pl	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4	hg-LLC	CR2E083		
City & State		City & State			4. FEI Number	00609	1285		plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of S	atus Desired		5.00 Add e Required	itional
6. Name and Address of Current Registered Agent					7. Name and Add	iress of New Re	gistered Ag	ent	
FLORIO, DANIEL E - 970 SMOKERISE BLVD PORT ORANGE, FL 32127			-	Street Address ((P.O. Box Number is	Not Acceptable)	-		
			-	City			FL	Zip Code	9
	named entity submits this statement follows of registered agent.	r the purpose of changing its	registere	d office or registe.	red agent, or both, in	the State of Fior		nillar with,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	Agent signature require	d when reinstating)	Yestig.	DATE	5 N. P. J.	
Fi Di	ling Fee is \$50.00 ue by May 1, 2006			,		Florida	check pay Departmen), g _amit <
9.	MANAGING MEMBE		10.			ADDITIONS/	CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIO, DANIEL E 970 SMOKERISE BLVD PORT ORANGE, FL 32127	Delete	TITLE NAME STREE CITY-	T ADDRESS			[_] Change →	Addition
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indicated	certify that the information supplied with on this report is true and accurate and billity company or the receiver or truste	that my signature shall have e empowered to execute this	the same report as	legal effect as if required by Chap anie/	made under oath; the oter 608, Florida Statu	t I am a managi tes.	ng member (2/-06	nat the info	rmation r of the





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2006

COASTLINE WHOLESALE SIGNS AND SERVICES, LTD. CO. 970 SMOKERISE BLVD PORT ORANGE, FL 32127

Subject: COASTLINE WHOLESALE SIGNS AND SERVICES, LTD. CO.

Reference Number:

Ĺ04000003924

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

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

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.

/JE ANNUAL REPORTS SECTION