

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90037 046 ****50.00

DOCUMENT # L04000006047

1. Entity Name
COASTAL AVIATION, LLC



Principal Place of Business
**19 N BLVD OF THE PRESIDENTS
SUITE 605
SARASOTA, FL 34236 US**

Mailing Address
**19 N BLVD OF THE PRESIDENTS
SUITE 605
SARASOTA, FL 34236 US**

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03022007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
04-3787088

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236**

**David M Silberstein
The Plaza Bldg
50 Central Ave, Ste 700
Sarasota, FL 34236**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME HOLLOWAY, JOE R
STREET ADDRESS 19 N BLVD OF THE PRESIDENTS #605
CITY-ST-ZIP SARASOTA, FL 34236

TITLE MGR ☐ Change ☒ Addition
NAME Irving Gitlin
STREET ADDRESS 19 N. Blvd of the Presidents. #605
CITY-ST-ZIP Sarasota, FL 34236

TITLE MGR ☐ Delete
NAME MERRITT, BRIAN H
STREET ADDRESS 19 N BLVD OF THE PRESIDENTS #605
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME PORTER, TOWNSEND H JR.
STREET ADDRESS 19 N BLVD OF THE PRESIDENTS #605
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

Irving Gitlin

3/27/07

941-955-2424