

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

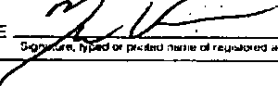
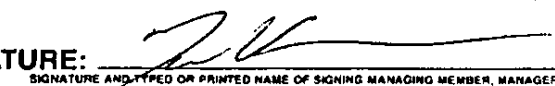
9/7/2007-90045-038-\$55.00-\$55.00 FILED

07 SEP 18 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E083 (4/07)

DOCUMENT # L04000006938																											
1. Entity Name GULF COAST CONSTRUCTION CO. LLC																											
Principal Place of Business 2993 HOLMES VALLEY ROAD VERNON FL 32462 US		Mailing Address 2993 HOLMES VALLEY ROAD VERNON FL 32462 US																									
2. Principal Place of Business - No P.O. Box # 10516 NW Hampton Ln		3. Mailing Address Same																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State Altma FL		City & State Same																									
Zip 32421	Country	Zip Same	Country																								
4. FEI Number 20-0646641		Applied For ☐ Additional Fee Required ☒ Not Applicable																									
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required																											
6. Name and Address of Current Registered Agent WIDDON, MARCUS D 2993 HOLMES VALLEY ROAD VERNON FL 32462		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
B. 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 		DATE 9/3/07																									
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reappointing)																									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007																											
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																									
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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: 		DATE 9/3/07 850-258-4868																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone: #																									