

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State


04-04-2005 90426 027 ****50.00

20026524



03292005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1047195** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L04000030409					
1. Entity Name COASTAL ENTERPRISES OF PINELLAS, LLC					
Principal Place of Business 1362 WILLIAMS DRIVE CLEARWATER, FL 33764			Mailing Address 1362 WILLIAMS DRIVE CLEARWATER, FL 33764		
2. Principal Place of Business			3. Mailing Address P.O. BOX 5822		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State CLEARWATER, FL		
Zip	Country	Zip	Country		
33758		33758	USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LYONS, STEPHEN B 1362 WILLIAMS DRIVE CLEARWATER, FL 33764			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LYONS, STEPHEN B 1362 WILLIAMS DRIVE CLEARWATER, FL 33764 <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	MGRM LYONS, GAIL RAE 1362 WILLIAMS DRIVE CLEARWATER, FL 33764 <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: <u>Gail Lyons</u> GAIL R. LYONS <u>3-29-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					