2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000033947

1. Entity Name

FLM COASTAL ENTERPRISES, LLC



FILED May 05, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

308 SOUTH JEFFERSON STREET PENSACOLA, FL 32502

308 SOUTH JEFFERSON STREET PENSACOLA, FL 32502



04252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1082517

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, EDSEL F JR 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32502			DO NOT WRITE IN THIS SPACE	
	e named entity submits this statement for the purpose of cha	inging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
ine obligit	norts of registered agents.		But the state of the state of	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sig		(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS	······································		
TITLE NAME	M LOWERY, RODGER K		Hasasaskasis	
STREET ADDRESS	800 WOODBINE DRIVE		U00000946983 05/30/08-80071-007 138.75	
CITY-ST-ZIP	PENSACOLA, FL 32503		00/00/00-00011-001 100.10	
TITLE	М			
NAME STOCET ADDRESS	FRUITTICHER, TOM		, .	
STREET ADDRESS CITY-ST-ZIP	153 LEPORT PENSACOLA, FL 32561			
TITLE	M	······································	·	
NAME	MATTHEWS, EDSEL F JR	• •		
STREET ADDRESS	2721 BLACKSHEAR AVENUE	l no	NOT WRITE	
CITY-ST-ZIP	PENSACOLA, FL 32503			
TITLE		I IN .	THIS SPACE	
NAME STREET ADDRESS				
CITY-ST-ZIP			•	
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NAME				
STREET ADDRESS		,		
CITY-ST-ZIP			له در	
TITLE NAME				

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 SIGN

STREET ADDRESS CITY-ST-ZIP

Edsel F. Matthews, Jr.

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/30/08

■850-432-1300

Daytime Phone #