

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000036231

1. Entity Name  
4 COAST, LLC



Principal Place of Business  
3448 SOUTH ST. LUCIE DRIVE  
CASSELBERRY, FL 32707

Mailing Address  
3448 SOUTH ST. LUCIE DRIVE  
CASSELBERRY, FL 32707



03282006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1200314

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COVINGTON, CPA  
498 PALM SPRINGS DR  
ALTAMONTE SPRINGS, FL 32701

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this 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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILLIAMS, BROCK
STREET ADDRESS	1000 FOOTBALL DR.
CITY-ST-ZIP	LAKE FOREST, IL 60045
TITLE	MGRM
NAME	FERRER, JOE
STREET ADDRESS	3448 SOUTH ST. LUCIE DRIVE
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	MGRM
NAME	LEGREE, LANCE
STREET ADDRESS	3448 SOUTH ST. LUCIE DR.
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000516116  
04/29/06-80238-008 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #