

**2007 LIMITED LIABILITY COMPANY-
ANNUAL REPORT**

FILED
Jul 13, 2007 08:00 AM
Secretary of State-

DOCUMENT # L04000041120

1. Entity Name
SEACOAST PROPERTIES, LLC



Principal Place of Business
**227 MALAGA PLACE
PANAMA CITY, FL 32413**

Mailing Address
**8 TAYLOR ROAD
EDISON, NJ 08817**



07062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-0642246

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURKE, M. TODD ESQ
215 GRAND BLVD., STE. 101
DESTIN, FL 32550**

**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 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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	M
NAME	BAGARIA, SUNIL
STREET ADDRESS	68 HILLS DRIVE
CITY-ST-ZIP	BELLE MEAD, NJ 08502
TITLE	M
NAME	SODANO, VINCENT
STREET ADDRESS	13 CROSS BROCK LANCE
CITY-ST-ZIP	WEST CALDWELL, NJ 07006
TITLE	M
NAME	MILLER, HOWARD
STREET ADDRESS	34 HIGHLAND DR
CITY-ST-ZIP	WEST CALDWELL, NJ 07006
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000768754
07/13/07-80011-003 55.00

**DO NOT WRITE
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: *Sunil Bagaria*

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

Date

Daytime Phone #